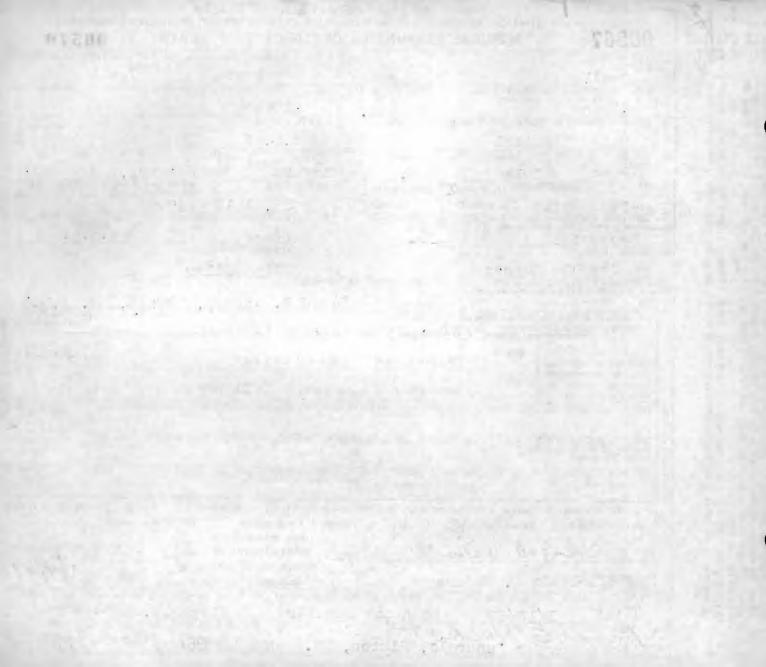
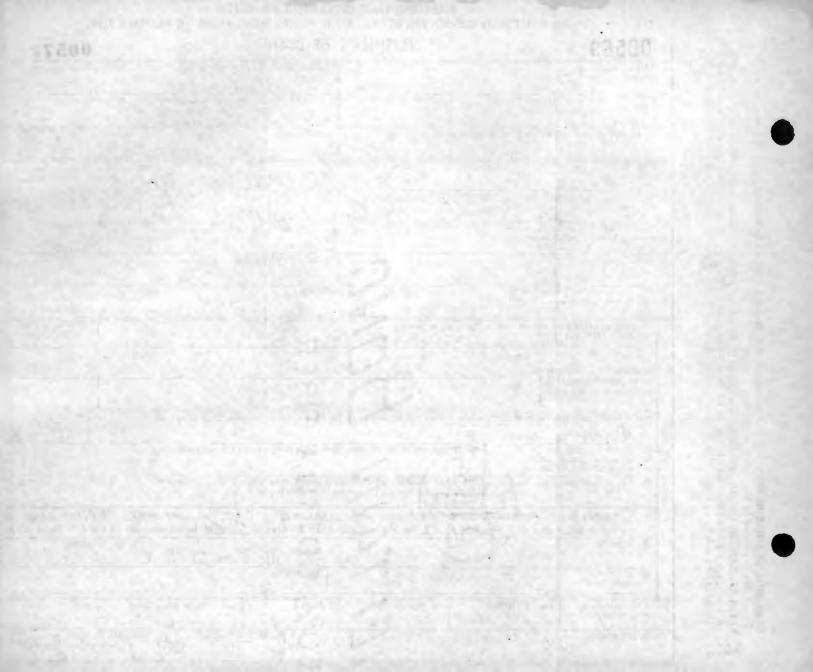
1 12	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
FOR STATE		00567			EXAMINER'S			00570		
HEALTH DEPT	1.	PLACE OF DEATH a. CDUNTY					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission			
		Cecil MARYLAND				a. SIATE b. CDUNTY Cecil				
o the funeral e 5 may be Department after death.		b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)					write RURAL and give nearest	t town		
cess may partm		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital.			22 vrs.	d. STREET ADDRESS		I e. IS RESI	DENC	
s affe		Union Ho		i not ili ac	spiral, Kine street address	R.D.	5	e. IS RESI ON A F	ARM?	
delay and 3 to nd 3 to Page State hours	3.	NAME OF	First		Middle	Last	4. DATE MC	onth Day Year		
my d M3. The		DECEASED (Type or print)	Lula		B.	Asbury	DEATH Janua			
form P form P within within	5.	SEX 6. COL	OR OR RACE 7. 1	MARRIED)	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in yea	rs   FUNDER 1 YEAR   FUNDER   Wonths   Days   Hours	24 HR	
				VIDOWED	DIVORCED	July 19.	1919 47 yrs	12. CITIZEN OF WHAT		
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afte long long les 1	13.	Housewife FATHER'S NAME	9	1		1 14. MOTHER'S MAI		U.S.A.		
SHOP TO A			n Haynes			Julia	Miller			
ttem Office	15	WAS DECEASED EVER IN L	J.S. ARMED FORCE	S?   16.	SOCIAL SECURITY ND.   17	. INFORMANT		dress		
d be executed within 24 hour "pending" in pencil in Item i Medical Examiner's Office burial-transit permit.		NO CITYCIAN	ir was di Geres di Sci i	1100)		Lloyd G. A	sbury, Elkt	on MA 3.D.	5	
					ne for (a), (b), and (c).]	20 70	111100	INTERVAL BET ONSET AND D		
		PART I. DEATH WAS CAUSED BY: CARDIO - RESPIRATORY FAILURE								
		Conditions, if any, wh	Ich ) DUE TO	my	CARDIAL	INFARCTU	N	: 3060	141	
d be exe "pendin Medica burial-tr crematio		gave rise to immedicause (a), stating	ate (	7		15.	0	7		
shoull word Chief as a as a rrial, c		underlying cause last.	(c)	COR	oadey Ap		SEASE	IN PART 1(a)   19. WAS AU	TODEN	
	CERTIFICATION	PART II. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBU	TING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION GIVEN	PERFORI	MED?	
certificate iting the ded to the lid be used prior to bu	FICA	20a. EXTERNAL CAUSE	WAS	20b. I	DESCRIBE HOW INJURY OC	CURRED. (Enter nature	of Injury in Part I or Part		NO D	
	ERT	20a. EXTERNAL CAUSE PRIMARY OF CONTRIL CAUSE OF DEATH.	BUTING [							
- 10 - 1		20c. TIME OF INJURY	Month, Day, Year	r   20d. l	fac	LACE OF INJURY (Home, tory, street, office bldg.,	farm, 20f. (City or town	(County) (S	State)	
incate, Ti incate, be forw ge 3 sh ed agen	MEDICAL	Hour a.m. p.m.	19	While at work	Not While	(0) 9, 511001, 61100 61421,	***************************************			
		21. I certify that I	took charge of	the rem	ains described above, I			nquiry, and in my o	opinic	
es o = sh		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner								
AEDICATE THE AGE 4 SOUR YOUR DIRECT		ACTUAL Sel	Isl. 4	with	Tet.	***************************************	EDICAL EXAMINER	22. DATE S	SIGNE	
		SIGNATURE		1	,	171 g M s	ICAL EXAMINER	1/9/	67	
DEPUTY DEPUTY DESSE exerctor. Frained for FUNERAL Health		NAME (Type) Rolar		0	ra		et, city, town, or county)	town or country (Ct	tate)	
	238	REMDYAL (Specify)			Mc Intosh		Clayhole	4 4	ere)	
5	24	FUNERAL DIRECTOR	1/13/67	1	APDRESS		EC'D BY REGISTRAR   25b.	REGISTRAR'S SIGNATURE		
VR ALSME (5)		Packs Tome	for Fu	iner	als. Elkton	. Md . patal	V 1 3 1967 /	Charles Judge		
5M 1/65	-	TITO TELLINITY	V			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00568 00571 24 haurs after death death and PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). b. COUNTY o. COUNTY CECIL MARYLAND nd campletely filled in by the fur emove carban papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 WEEKS CHILDS ELKTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS UNION HOSPITAL SINGERLY YES NO 3. NAME OF Middle First Lost 4. DATE Month Doy Year OECEASED (Type or print) **OEATH** Januaru Eva Bannow S SEX 8. OATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Hours APRIL 12. FEMALE WHITE WIDOWEO X and in any DIVORCEO 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired INOUSTRY M E SA SUN requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar removal, THOMAS RINK KEITLEY SADIE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no joyunknown) (If yes give wor or dates of service) 2/7-54-990) RICHARD BARROW CHILDS 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Uremia IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Urinary Obstruction 2 weeks Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying couse prior to Carcinoma of the pancreas - metastatic 3 mo. last. WAS AUTOPS' PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use should be filed with the State Dept. of Health YES NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this haspital) attended the deceased fram, 19 \_\_. to 19\_\_\_\_, that (I) (we) lost M, fram causes and an the date stated above. \_, and that death accurred at\_\_ saw the deceased alive on\_ 22o. SIGNATURE 22b. OATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Rolando E. Main Street Elkton. A. Najera. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) WEST MOTTING HAM FRIENDS COLORA CECIL MP. **ADDRESS** 2So. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE leavelen RISING SUN. MD.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00569 00572 and 2 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH ion and completely filled in by the funeral tase remove carban papers. Pages Vand Ind in any event, within 72 haurs after deal o. COUNTY o. STATE COUNTY MARYLAND c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b Write RURAL and give nearest town) Yisina Sun. d. NAME OF OSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X YES 3. NAME OF First Middle Lost DATE Month Doy Year DECEASED 196 DEATH (Type or print) me 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Months Dovs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) INDUSTRY CQUNTRY? houseunte 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME trances IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give war or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for 40), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the PART II. OJHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? NO YES þ 2014 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 19 of work JANUARY , 1960 , to JANUARY , 1967 , that (1) (40) last 21. I certify that (I) (this hospital) attended the deceased from\_ be retained shauld saw the deceosed alive on JANUARY 29 1967, and that death occurred at Trace M, from causes and on the date stated above. 220. SIGNATURE 22b. DATE-SIGNED ATTENDING PHYS. 9 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S CODINSON NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b/DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Juria REGISTRARIS SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charley 96 VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFIC 00618 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Page 0 death. MARYLAND delay Department b. CITY OR TOWN (If autside carparate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 2, o. PM3. write, RURAL and give nearest town Rura after naries Town e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS haurs Office along with farm ON A FARM? R.D. 00 YES NO E Give Pages ate haurs after death. 3. NAME OF Middle 4. DATE 3 First Day Year within 72 DECEASED OF the 30 19 (Type or print DEATH IF UNDER 1 YEAR with 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED birthday) Months Days Haurs Item 18. WIDOWEDY and 2 event 10a. USUAL OCCUPATION (Give kind of work done BUSINESS OF 12. CITIZEN OF WHAT KIND OF (State or foreign country) during most of warking life, even if retired) dny pages 13. FATHER'S .⊑ File pup **INFORMANT** WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. be executed permit. Chief Medical (Yes, na, ar unknown) (If yes give war ar dates of service) remayal. RID, Carpei CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (a) writing the ward This certificate should crematian, DUE TO Canditians, if any, which gave rise to immediate cause (a), farwarded ta DUE TO 0 stating the underlying cause 8 last. burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO. YES please execute the certificate, ţ0 pe 20g. EXTERNAL CAUSE WAS 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) priar plnods PRIMARY Or CONTRIBUTING shauld MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) your Hour a.m. While Nat While factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at wark at work designated 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection 1 ond in my opinion deoth resulted from: Noturol couses V Suicide Homicide Undetermined monner the funeral director. Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY necessary, DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** 6 Address (Street, city, town, or county) NAME (Type BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23c (County) 0 REMOVAL (Specify) 1.967 Immaculate Conception Cherry .Cecil Co. Md Feb. 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Elkton. Md. erals for DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00570 CERTIFICATE OF DEATH dificate be executed within 24 hours after death the funeral oges I and is ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside carparate limits, MARYLAND Cecil Poges cian and completely filled in by the lease remove corban papers. Pages and in any event, within 72 haurs off c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) 1 Year Rising Sun Rural 1 Year
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Rising Sun e. IS RESIDENC ON A FARM? Calvert Manor Nursing Home NO X Revnolds Ave NAME OF Middle 4 DATE Doy Year DECEASED (Type or print) Jahn Blake DEATH Dallas Jan IF UNDER I YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdov) Months Dovs Hours WIDOWED -DIVORCED -27-1884 White male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Labor Ship Yard Maryland Balt. Co.
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John D. Blake Sr. Florentine Marriott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) I(If yes give war or dates of service) 10 230-18-1445 the atter No daughter - Julia Rosmussen burial, cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH Arteriosclerotic Heart Disease IMMEDIATE CAUSE (o) vears **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospitol or ottending physician. DUE TO Conditions, if any, which gove rise to immadiote couse (o), DUE TO stoting the underlying couse the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached far use of Beath p YES NO 5. DESCRIBE HOW INJURY OCCURRED. TEnter noture of Injury in Part I or Part II of item 18.) 200. ACCIDENT WAS LINDERLYING L OR CONTRIBIJTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram Aug 26 , 19-66, ta 9 J n 21. I certify that (I) (this haspital) attended the deceased fram Aug 26, 1966, ta 3, 1967, that (I) (we) last saw the deceased alive an 3 Jan 6719, and that death occurred at 2 AMM, fram causes and an the date stated obove. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. DIRECTOR M.D. 10 Jan 67 22d. ADDRESS 22c. PHYSICIAN'S Wallace Obenshain, M.D. Cecilton.Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) (Store) REMOVAL (Specify) 11-13-1968 Deltavikle Va. Zoar Cem. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Rising Sun.

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4.7.1.2.00 Page 1 Burga, Milaigalgov Mont Cit. . His contention of the content of t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after in and completely filled in by the 1 s remove carbon papers. Pages 1 in any event, within 72 hours after. CECIL 5014 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RUR/L and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b TON A d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES \_ executed within NAME OF DATE Month Dav Middle Last DECEASED OF DEATH OM QUIST (Type or print) 19€ AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | ast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE **DATE OF BIRTH** 7. MARRIED X NEVER MARRIED 2-18 WIDOWED DIVORCED ( 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please cert figate be **COUNTRY?** and 5, HOUSEWIFE 40MF or removal. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit.

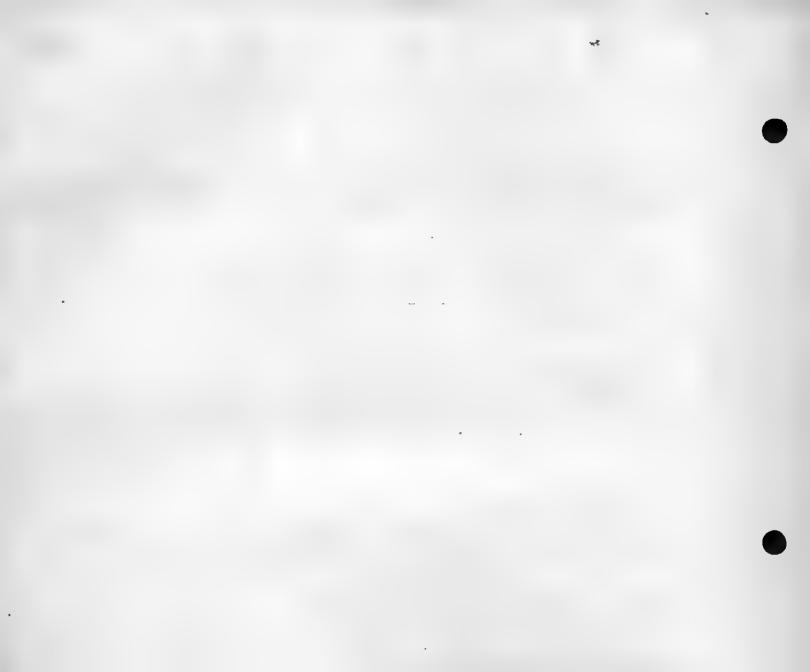
It to murial, cremation, or t The law requires that the death NONE ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dronary Declusion with Myocardial the hospital or attending physician. DUE TO spectanios Cardio Varenter Miscore Years Conditions, if any, which gave rise to immediate DUE TO (a), stating underlying cause last. O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prio (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES F NO 4 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED 208. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY factory, street, office bldg., etc.) Hour Not While be retained by ATTENDING at work at work June 1946 to\_ 9304 1967, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1947 and that death occurred at 1554M, from the causes and on the date stated above. saw the deceased alive on. 22b. 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR Page 4 may 22d. ADDRESS PHYSIGIAN'S NAME (Type) NORTH EAST. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) METERL VIEW 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** liasely VR A15 (4) DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00572 decam. The low requires that the death certificate be executed within 24 hours after death attending physician and completely filled in by the funeral perfile. Then please remove carbon papers. Pages 1 and on, we remove, within 72 hours after deal on, we remove, within 72 hours after deal 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY Cecil Cecil Maryland MARYLAND b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hrs. Rural. North East d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)
Union Hospital d. STREET ADDRESS e IS RESIDENCE ON A FARM? Bouchelle Rd. R.D. 2 NO K 3 NAME OF Middle Lost 4 DATE Month Doy DECEASED Mary Susan Bouchelle 0F 19 67 January (Type or print) DEATH S. SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** lost berthdoy) Hours White Female Sept. 8, 1889 WIDOWED DIVORCED 10o. USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT HAMPUSTRY COUNTRY? Cecil Co. Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Benjamin Rogers Mary Susan Cougle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yerno, or unknown) (If yes give wor or dates of service) North "ast. Md. George R. Bouchelle burial, cremotion, INTERVAL BETWEEN 18 CAUSE O" DEATH (Enter only one couse per line for (a), (b), and (ε) ) burial-tronsit PART I DEATH WAS CAUSED BY: ONSET AND DEATH Cardia C. F Held signed by t IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO for use os the f stoting the underlying couse SCVI 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Z 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Not While 19 ot work of work 21 I certify that ((1)) (this haspital) attended the deceased from. 1001 , 19 63, to Doc ., 19 6 7 that (I) (we) last director, page 3 shauld should be filed with the 19 6 and that death occurred at 10 30M; fram causes and an the date stoted above saw the deceased alive an. 22 of SIGNATURE 22b. DATE SIGNED ATTENDING X 1/16/67 DIRECTOR M.D. ADDRESS PHYSICIAN'S Jay S. Barnhart Jr. 4 Mauldin Ave. North East. Md. NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 1/17/67 North East Methodist North East Cecil Co. 9 24. FUNERAL DIRECTOR Grant Funeral 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Milaylen VIII A15 (4) DATEAN North ast, Md. 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00573 CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY b. COUNTY a. STATE filled in by the fundamental papers. Pages 1 juin 72 hours after 1 dadil Cacil [מוח [זדמיח] MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town write RURAL and give nearest town ve carbon papers. Pag event, within 72 hours `rt on Tife Till Rt. on d. NAME OF FOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Taspital YES | NOLL W don Clue executed within completely 3. NAME OF DATE Month First Middle Last Day DECEASED OF DEATH 67 (Type or print) Andrew January 19 James hirns 5. SFX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE remove 7. MARRIED NEVER MARRIED last birthdey) | Months Days Hours any and [2] e , nite WIDDWED. DIVORCED ( June 1383 .⊑ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** and etired mr-7 an 7 . 3 . . . . removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending t Unknown Frank Burns 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address been signed by the attenthe burial-transit permit. death (Yes, no, or unkown) | (If yes give war or dates of service) Tlicton. 1,0 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH P PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. ceretrel atterdi IMMEDIATE CAUSE (2) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as the underlying cause last, this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY for use PERFORMED? CERTIF.CATI NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) YES J H. duricle Cercinima 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Pert II of Item 18.) of detached MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be disould be filed with the State OR ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from 12-21-1966 to 1 - 4 - 19(7) that (1) (we) last 1967, and that death occurred at 3:401M, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE page : ATTENDING PHYS. MED. M.D. 4 may 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Sincerly 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 2 REMOVAL (Specify) Cemetery Deposit, Cecil, Asbury Port REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Meanley unerals likton, lid. VR A15 (4) 023 Home 15M 4-64



VR A15 (4) 15M 4-64

RIAL

FUNERAL DIRECTOR

HERAL

REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

NEW LONDON

PRESBUTERIAN

NEW LONDON

**APDRESS** 

e. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

WWW.MED? NO 14

(State)

(State)

YES

12. CITIZEN OF WHAT

S

19.

(County)

22b. DATE SIGNED

YES T

COUNTRY?

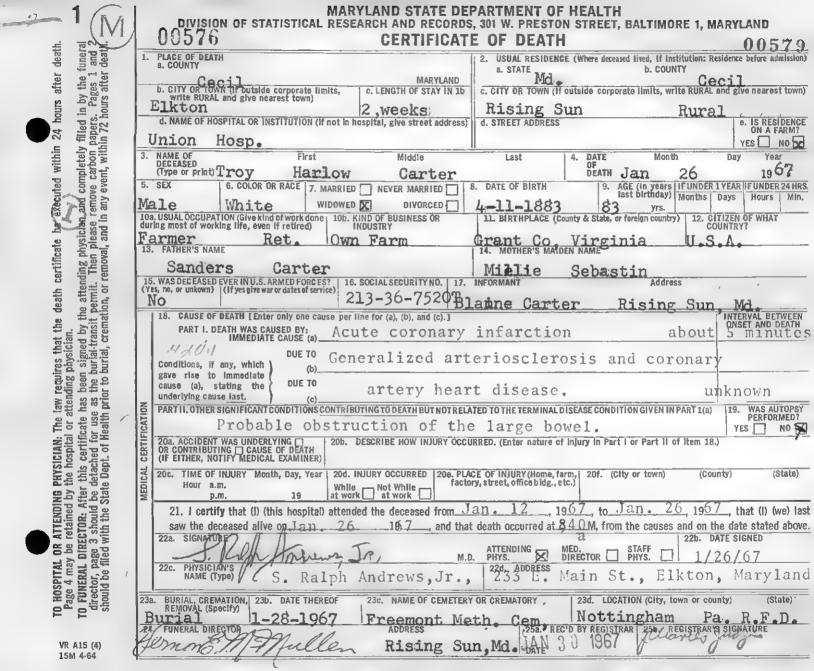
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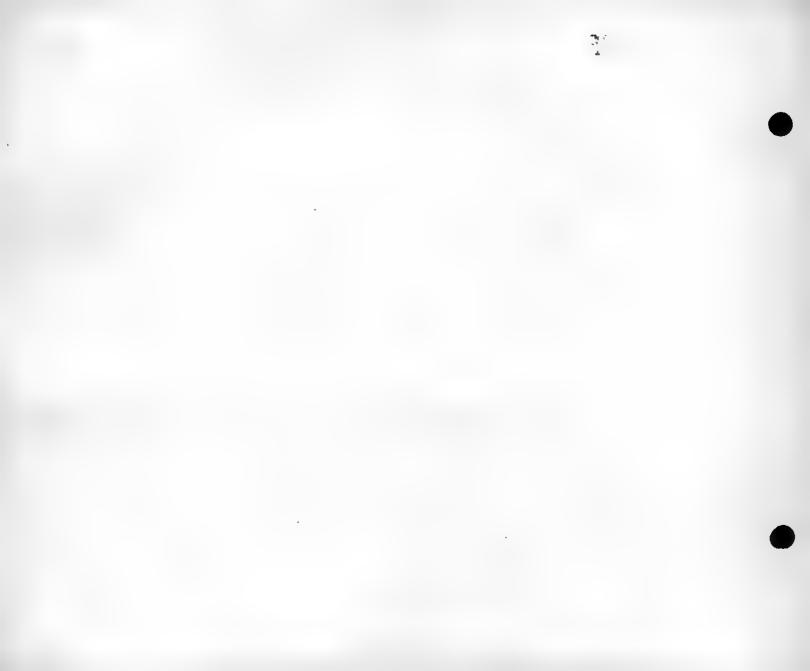
1_ [	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
4.	CERTIFICATE OF DEATH	00579							
1		Residence before admission) N.C.							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	L and give nearest town)							
	Elkton	46							
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
	Union Hospital S. Chapel St. R. D. #1	YES NO X							
3	DECEASED	Day Year							
_	(Type or print) John Campbell DEATH 1-19-0/	19							
D I	ast birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days   Hours   Min.							
-1	Male Willie Manager	ITIZEN OF WHAT							
đ	uring most of working life, even if retired) INDUSTRY	S.A.							
1	Operator   Fibre   Strickersville, Pa.   U	• 10 • 11 •							
	Thomas Campbell Sarah Ann Squibb								
-	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address								
(	Yes, no, or unkown) (If yes give war or dates of service) 221 -09 -1981 Lettie Campbell Same								
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
L	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
L	1 A A O I DUE TO								
	[ conditions, if any, which ] on Arterioscleratic Corondry acclusi	7							
ı	gave rise to immediate cause (a), stating the DUE TO								
_	underlying cause last. (c)								
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?							
ACID		YES NO							
PEDTICION									
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Company Hour a.m. While Not While at work at work	ounty) (State)							
2.0		Z, that (I) (we) last							
	saw the deceased alive on $1-19$ 1967, and that death occurred at $230$ M, from the causes and on								
	22a. SIGNATURE 22b.	DATE SIGNED							
	Williford Eppe M.O. ATTENDING MED. DIRECTOR DIRECTOR PHYS.	-21-67							
	22c. PHYECCIAN'S NAME (Type)	1 70 7							
-	withford Eppes Medical Bidg. Main St. News								
2	33. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or concentration)								
-	Burial 1-22-67 Ebenezer Cemetery R. D. # 1 News	rk. Dela.							
	The Mayorle Dolo	arley Judge							
-	Miliam & Taruroe Newalk, Dela. DATE JA. 20 1901								



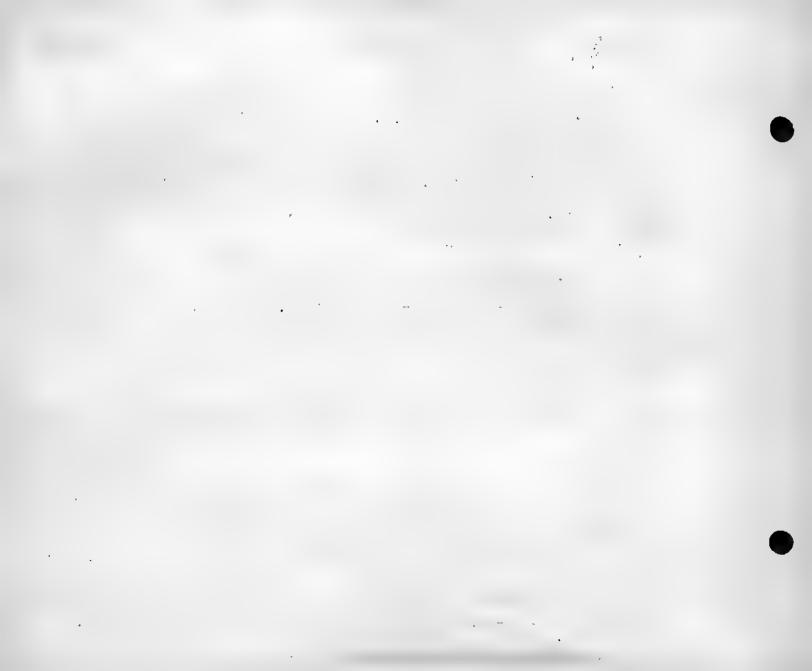




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Them of information from birth certificate
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00577 FOR STATE 00580 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before agmission) a. COUNTY Cecil a. STATE Page b. COUNTY 2 death. ਰ Maryland MARYLAND delay Department b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (f autside carparate "mits, write RURAL and give nearest tawn). C. LENGTH OF STAY IN 16 and PM3 after E1kton Elk Mills d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs UNION HOSPITAL State | NO D YES 🔲 24 haurs after death. 3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED the OF Give within ; WANDA ANN CASTEEL. 31 Type or print January 67 DEATH 19 with S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS NEVER MARRIED Item 18. last birthday) Manths Days Haurs Dec. 14. 1966 Female. White WIDOWED DIVORCED event 10b. KIND OF BUSINESS OR 10g USUAL OCCUPATION (Give kind of work done II B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any pages in any Elkton.Md . = USA Examiner pencel 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within 籄 gud James E. Casteel Jacquelin Dick. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. removal (Yes, no, ar unknown) (If yes give war ar dates of service) James E Castel Elk Mills 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (t)) NTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY SDII ONSET AND DEATH Interstitial pneumonitis gr IMMEDIATE CAUSE (a) ward This certificate should crematian, DUE TO Conditions, if any, which gove writing the rise to immediate cause (a), DUE TO 0 storing the underlying couse 20 las1 burial, a nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) WAS AUTOPSY PERFORMED? the certificate. Bilaterial catarrhal otitis media YES \* NO 0 pe 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of miury in Part or Part II of item .8.) agent, priar shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Hame, form, 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year (City or town) (State) Nat While factory, street, affice blda., etc 1 19 at wark et wark designated 21. I certify that I took charge of the remains described above, held an Autopsy lar FUNERAL DIRECTOR: Inspection Inquiry and in my opin on director. death resulted fram-Natural causes [x] be retained Accident. Suicide I Hamicide -Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 1-31-63 듬 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ( Werner U. Spitz. NAME (Type) Address (Street, city, town, or county) 230 BUR.AL, CREMATION 23b DATE THEREOU OR-GREMATORY 23d. LOCAT ON /City or Town 50 REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

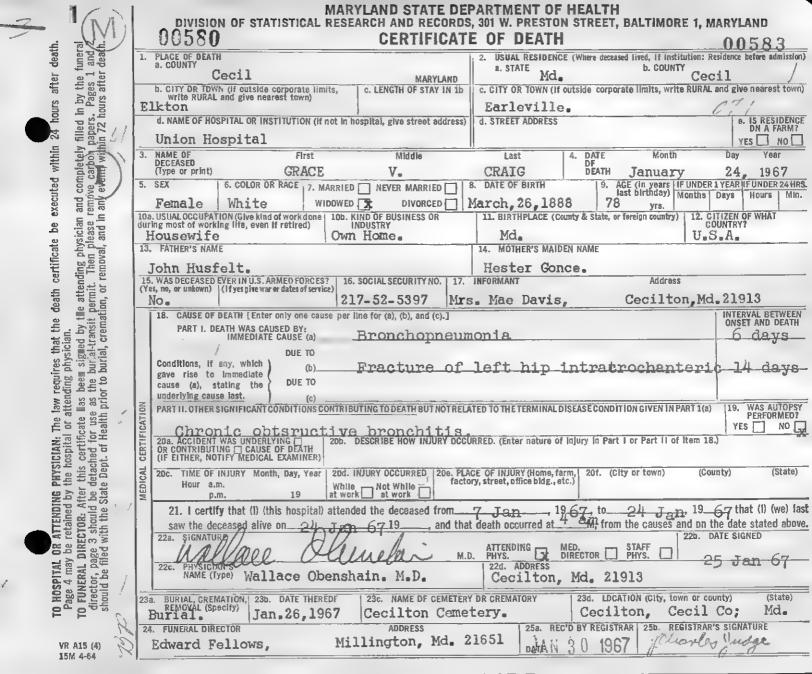


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 00578 e be executed within 24 hours ofter death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH ond completely filled in by the funeral remove carbon papers. Pages 1 and p. COUNTY h. COUNTY o. STATE Cecil MARYLAND Maryland Cec17 cremation, or removal, and in any event, within 72 hours after c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits. write RURAL and give nearest town) Perryville Perrvville 5 Yrs. ottending physican one compared name of the please remove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STRFFT ADDRESS IS RESIDENCE ON A FARM? Broad Street YES NO -Broad Street 4. DATE 3. NAME OF Middle Lost Month Doy Year DECEASED OF Jan. Stella May W DEATH (Type or print) Cochran 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Dovs Hours WICOWED **OIVORCED** May 3. 1898 dau. 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Retired Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Susan Cox James A. Webb 17. INFORMANT Address 15. WAS DECFASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. The low requires that the deoth permit. (Yes, no, or unknown) (If yes give war or dates of service) Elmer E. Cochran Perryville. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the buriot-tronsit p ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO buriol, Conditions, if ony which gove rise to immediate couse (a). DUE TO stoting the underlying couse use as the l O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION detached for use te Dept. of Health YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 should be detache with the State Dept. 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While ot work of work 21. I certify that (I) (this haspital) attended the deceased from 19 🗢 1967, and that death accurred at 9 M. from causes and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** PHYS. OIRECTOR M.O. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote REMOVAL (Specify) Fork. Laural 27-13-1967 Laural Fork Comptony 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE JAN Perryville . Md Son.



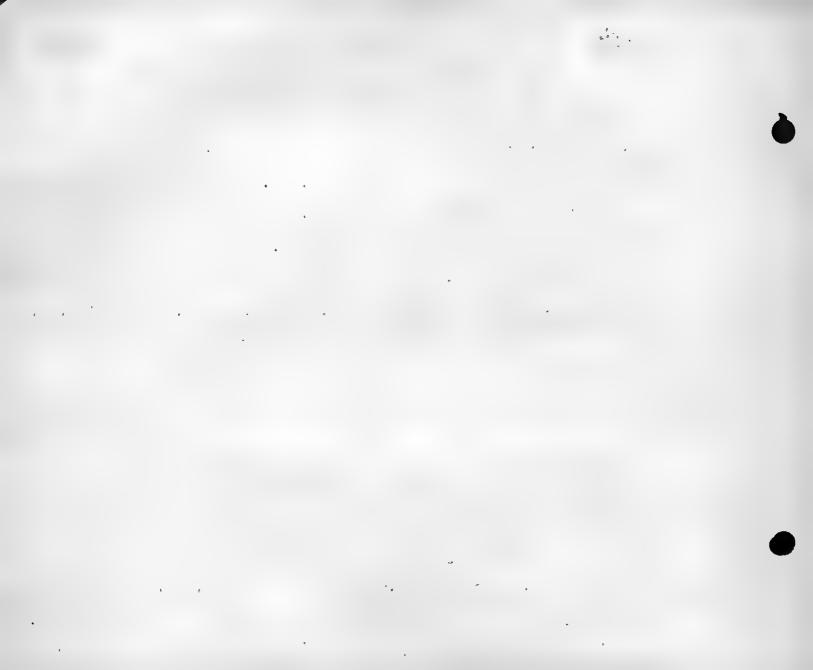
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00579 MEDICAL EXAMINER'S CERTIFICATE OF 00582PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived if institution Residence before odmission) a COUNTY ecil o STATE b COUNTY Page MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c EITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? E. High Street within 72 hours Middle . 3 NAME OF Year DECEASED erett (Type or print) DEATH S SEX IF UNDER I YEAR 9 AGE (In years F UNDER 24 HRS bjrthdoy) Months WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT ndustry for Coursey 14. MOTHER'S MAIDEN NAME be executed within puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17 INFORMANT or removal, (Yes, no, or unknown) (If yes give war or dates af service) 1B. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY cremation, DUE TO Conditions, if any, which gove rise to immediate cause (a). **DUE TO** stoting the underlying couse PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II af item 18) accidentally discharged in getting out of car CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) may be retained for your FUNERAL DIRECTOR: Page HIGH St. nr. home of work designoted 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d\_LOCATION (City or Town) (County) 2Sb. REGISTRAR'S SIGNATURE 2So REC D BY REGISTRAR VR A15ME (5)







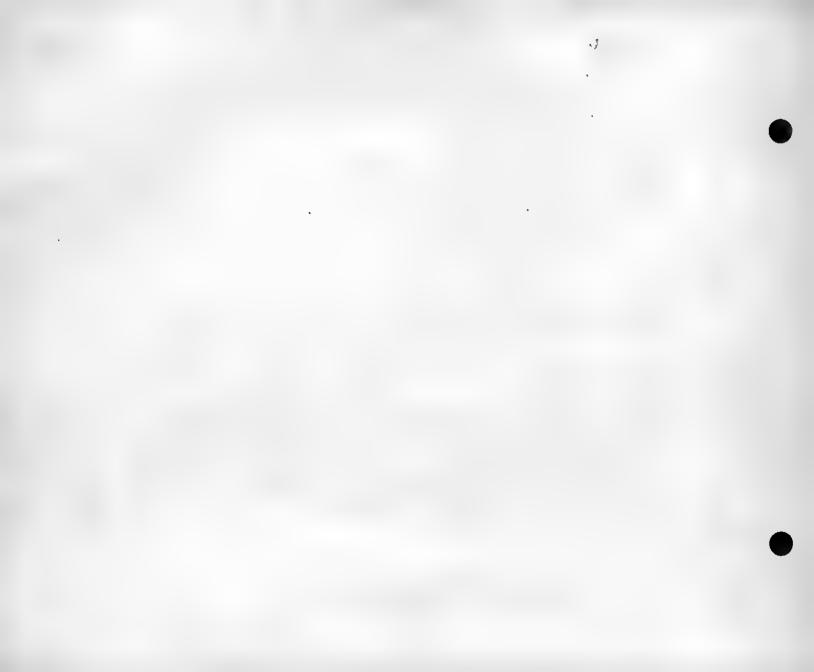
Division of STATISTICAL RESEARCH AND RECORDS, 3015W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00581 CERTIFICATE OF DEATH 00584 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY b. COUNTY Cecil Marvland MARYLAND b CITY OR IOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) executed within 24 haurs Elkton DOA transit permit. Then please remove carban papers. P cremation, or removol, ond in ony event, within 72 haur Perryville completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e 15 RESIDENCI ON A FARM? Union Hospitul Aiken Road YES | NO E 3. NAME OF 4. DATE Month please remove carban Last Year DECEASED (Type or print) Samuel Craig. Jr. DEATH Tee Jamua 227 S SEX AGE in years IF UNDER I YEAR 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED TO NEVER MARRIED last birthday) Manths Hours Sau WIDOWED DIVORCED Jan. 19.1896 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a LSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Retined Penna. TISA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Samuel Lee Craig. Julia A. Smedlev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates at service) 7040-1946 Try II. Perryville Vd. 214-18-1617 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attenling O FUNERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p NO YES [ 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detoched should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Stote) Hour a.m. factory, street, office bldg., etc.) Not While 19 at wark at work 21 I certify that (I) (this hospital) attended the deceased fram , 19 6 /, that (1) (we) lost 1947 10/-/8 1967, and that death accurred at 2. M. fram causes and on the date stated above. saw the deceased alive an /-/3 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d ADDRESS 22e PHYSICIAN'S NAME (Type) Richards. Port Deposit Md 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Principle ינינונות. Principle Comptent REGISTRARYS SIGNATURE 1967 24-FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00582 CERTIFICATE OF DEATH 00585 dath and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND remuires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in by papers. Po ELKTON d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NAME OF First Middle Lost Dov DECEASED OF DEATH (Type or pont) 5 SEX 7 MARRIED 9 AGE (In years **NEVER MARRIED** ost\_birthdoy) WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) PENNA. R.K. BECK WATCH MAN 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM crematian, ar removal, e B SHEPHERD TOKN 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY. **burial-transit** IMMEDIATE CAUSE (o) O MORPITAL OR ATTENDING PHYSICIAN: The law requires the Page a may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES [ NO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year (County) DIRECTOR: After this foctory, street, office bldg , etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram few, 1963, ta 1 - 267, 1967 that (I) (we) last saw the deceased alive an 1 - 25 - 1967, and that death accurred at 250 M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 202 E. Main , St. Elkton, Md Jacob. 230 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) M D LKTON OECIL 256. REGISTRAR'S SIGNATURE A大でM>NAP DATE I A !!



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00583 00586 death. requires that the death certificate be executed within 24 hours after death. funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY cian and campletely filled in by the fur ease remove carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If autside corporate limits C LENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) INSTITUTION (If not in hospitor, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? filled i EEDS YES IN NO NAME OF 4 DATE Middle Lost Doy Year DECEASED OF DEATH (Type or print AF UNDER S SEX DATE OF BIRTH COLOR OR RACE 7 MARRIED **NEVER MARRIED** Jast birthdoy) Months Davs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done BNCC 13 FATHER'S NAME 14. MOTHER'S MAIDEN MAME ᆷ attending phys 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, younknown) (If yes give wor or dates of service DEAUER - ELKTON b cremation. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) signed by the burial-transit p PART I DEATH WAS CAUSED BY arcinoma // IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying cause as the by the haspital ar attending has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? be detached far use State Dept. of Health NO X TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 1449 196 7 hot (1) (we) last 2) I certify that (I) (this haspital) attended the deceased fram. Page 4 may be retained 194.7, and that death accurred above saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR STAFF O HOSPITAL OR PHYS PHYS. director, page shauld be filed 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BURIAL (REMATION, SEMOVAL (Specify) (County) (Stote) EE REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00584 CERTIFICATE OF DEATH 00587 deoth. requires that the death certificate be executed within 24 hours after death. the funeral puo 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission. o. COUNTY Cecil o. STATE Maryland b. COUNTY ompletely filled in by the function to the control of the control MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If gutside corporate limits. C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Perry Point 4 Baltimore MOS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital 7915 Ridgley Oak Road YES NO X 3 NAME OF 4 DATE Day Year DECEASED OLIVER DESHONG (Type or print) LEROY 1967 DEATH January 9 AGE (In years S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH gemove. last birthday) Days Haurs WIDOWED X DIVORCED Male White 8-9-95 10a JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Pennsylvania U.S.A. None 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending physi burial-transit permit. Then pl buriol, cremation, or removol, John Freemont Deshong Agnes Melfred Oakman IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) 163-14-0896 VA Hospital Records, Perry Point, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY:
Bronchonness INTERVAL BETWEEN 3 days Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO os the prior to t stating the underlying cause hos been 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detoched for use e Dept. of Health NO XX Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at wark 21 | certify that (1) (this haspital) attended the deceased from Aug. 31 , 1965, to Jan. 20 , 1967 man try was asset to Jan. secretariate above and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE ATTENDING 1-20-67 DIRECTOR M.D PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ROTHFELD VAH. Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF (County) (State) Asbury Cemelery JAN 23. AFFISONUIlle 24. FUNERAL DIRECTOR Eline Funeral Home ADDRESIto. Md. 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Kelso Funeral Home, McConnelsburg, Penna. JAN 24 Mingles DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00588 CERTIFICATE OF DEATH 00585 PLACE OF DEATH a. COUNTY hours after death 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY e. STATE Cecil Cecil Scian and completely filled in by the 1 gase remove carbon papers. Pages 1 and in any event, within 72 hours after Md. MARY! AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Warwick Warwick filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO M YES T executed within 3. NAME OF DECEASED First Middle 1.ast DATE Month Day Ýeai MARY FORBES. 12. 67 (Type or print) R. DEATH January 19 6. COLOR OR RACE | 7. MARRIED AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months Days Hours White. December, 29, 1892 Female WIDOWED 3 DIVORGED ! 10e. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ę COUNTRY? Md. Housewife. Home that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending phe the burial-transit permit. Then it to burial, cremation, or removal James Mabrev. Susan Scuse -15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)
(If yes givewar or dates of service)
No. 17. INFORMANT Address New Castle, Del. 16. SOCIAL SECURITY NO. 103 Del.Dr. Collins Park. 216-48-5686 Stewart W. Forbes. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. Arteriosclerotic Heart Disease. mos IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last R: After this certificate has ould be detached for use as the State Dept. of Health prio (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES [ NO 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from Aug 3 , 19.66, to 32 Jan , 1967, that (I) (we) last director, page 3 should should be filed with the .19 67, and that death occurred at 7. Oth from the causes and on the date stated above saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. **4** may PHYSICIANS ADDRESS Cecilton, Md. 21913 NAME (Type) Wallace Obenshain. M.D. ro h. Page 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Millington. Jan. 15, 1967 Millington Cemetery. Kent Co; Md. ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Millington, Md. 21651 Edward Fellows. VR A15 (4) 19 DATE 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00586 CERTIFICATE OF DEATH 00589 Geoth OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. filled in by the funeral papers. Pages I gad PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a COUNTY o STATE b. COUNTY Cecil MARYLAND Marvland ease remave carban papers. Pages I and in any event, within 72 haurs after b CITY OR TOWN (If outside carporate limits, Eville RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Years Elkton 20 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Union Hospital Of Cecil County Hollinggworth Innor YES I NO X NAME OF DECEASED (Type or print) please remave carban First Middle 4 DATE Last Manth Day signed by the attending physician and campletely burial-transit permit. Then please remave carban James Gillen January 19 67 DEATH S. SEX 9. AGE (In years IF UNDER I YEAR IF JNDER 24 HRS. 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED dast birthday) Manths Days Hours Male White 1/31/15 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane during most of warking life, even if extired)
ALTENDANT, VA 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY U.S.A. Virginia errynoint Host 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Seaton Gillen Plora Shannard 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service Mrs. Pauline Same 5 Gillen burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY:

ACTITAL

COLUMN CO INTERVAL BETWEEN LONSETTAND DEATH Acute Coronary with Myocardial Infarct-IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave ion. rise ta immediate couse (a), DUE TO stating the underlying couse as the prior to ! has been 1-Year (c) Chronic Myocarditis WAS AUTOPSY PERFORMED? (ES - NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) MEDICAL CERTIFICATION of Health TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health YES NO 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) factory, street, office bldg., etc.) Nat While at work at work deceased fram 1/10/, 19 5 to 1//, 1957, that (I) (Wellast 1957, and that death accurred at 5 10 M, fram causes and an the date stated above 21. I certify that (I) (this haspital) attended the deceased fram 12 1907, that (I) (Wellast saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS. Х Jan. 1967 M.D. PHYS. PHYSICIAN'S 22d. ADDRESS Johnson M.D. NAME (Type) James East High St., Elkton, Md. 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUR AL CREMATION (County) (Stote) REMOVAL (Specify) Gilbin Manor Pank ADDRESS 24 FUNERAL DIRECTOR 25a. RECD VR A15 (4) imals, Ulkton. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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hours after in by the furs. Pages 1. hours after o		b. CITY OR TOW Write RURAL	N (If outside corporat	e limits,	C. LENGTH OF STAY IN		c. CITY OR TOWN (	if outside cor	porate limits, w	Ite RURAL	and give	nearest town)
ours in t		Elkt	on		Life		Elktor			1		
24 fille pape in 7;		d. NAME OF HO		N (If not in h	ospital, give street addre	ess)	d. Street Adores:	s Litton	Glvd.			IS RESIDENCE ON A FARM? S NO [3]
# \$ \$ #	3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DATE	Mont	h	Oay	Year
comple comple ve cart event,	_	(Type or print)	Ann		Racine		illespie	DEATH	0 -	7 July 2 5	17.	19 37
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rem nd	15	. WAS DECEASED	S David R	RCES? . 16.	SOCIAL SECURITY NO. 1	17. II	AFORMANT	u Ila I	lolden	SS	_	
that the death certificate be isician. ned by the attending physician al-transit permit. Then please al, cremation, or removal, and in	(Yt	s, na, or unkown)	(If yes give war er dates o	f service)	9_19_7786		in P. 7	cine,	enler		, Ph	
the cy the sit promatic					line for (a), (b), and (c).]		, ,				ONSE	AL BETWEEN AND DEATH
sat the same sat t			EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (a)	onary arter		thrombos	15			23	MLH
2 2 2 2	П	Conditions, if	DUE NOW WHICH I	1			11	>			J.	
W = 4. 3 2	Ш	gave rise to	Immediate (	(b) / <i>tx</i> /	terioscieras	+1 c	/teert	C)15c	252		7.4.	Cr5
requir nding p been the b or to b	Ш	cause (a), s underlying caus										
law atten has e as pric	NO			(C) DNS CONTRIBI	UTING TO DEATH BUT NOT	RELATE	D TO THE TERMINAL	DISEASE CON	DITIONGIVENIN	PART 1(a)	119.	WAS AUTOPSY PERFORMED?
The la or at or at ate h	CATI										YES	
PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health	CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEATHER MEDICAL EXAMILE	FH NER)	DESCRIBE HOW INJURY	OCCURI	RED. (Enter nature	of injury in P	art I or Part II	of Item 18.		
ta ce re ce re	MEDICAL	20c. TIME OF Hour a.t		Year 20d. I While at wor	- Not While -	PLACE	OF INJURY (Home, , street, office bldg.,	farm, 20f. etc.)	(City or town)	(Cou	nty)	(State)
	-	21. I certif	y that (I) (this host	ital) attend	led the deceased from	)	Jan.	1944, to	1-1	7_ 19 <	2. tha	t (!) (we) las
OR ATTENDIN y be retained in DIRECTOR: At per 3 should the fed with the S		saw the de	ceased alive on	1-	17-19	that o	leath occurred at	225/4 M, fr	om the causes	and on th	ne date	stated above
DR All		22a. SIGNATU	RE MM	7	7//		ATTENDING	MED.	STAFF	22b. D/	ATE SIGN	ED
AL OR		0/1	Eleca		Lucas	M.O.	-PHYS.	DIRECTOR	PHYS.	/	- /	1-6/
PTT 4 PTT PERM /		22c. PHYSICIA NAME (T)	(De) / il/max	. 2	Johnson 1	71)	22d. ADDRESS 123 5.	nserl	Ave	51476	4 /	1d.
Page O FUNI	23a	. BURIAL, CREM REMOVAL_(Sp	ATION, 23b. DATE	HEREOF	23c. NAME OF CEME	TERY C	R CREMATORY	23d. LI	CATION (City, t	own or cou	inty)	(State)
F F	-00	Burlai	1/20/	67	Horth Eas	t B	ethodist			orth	TO S	
WE ATE IN	24	FUNERAL OIR	MIC. X	ick	ADDRESS				STRAR   25b. F	Illus	s signa	Judge
VR A15 (4) (V) 15M 4-64	<u>±</u>	Tides/H	ome for F	inera]	ls, Elkton,	Mo	d. DATE	JAN 3	0 1991	Ű.		7 0



MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
7		00000	E OF DEATH	00591	
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death e hospital or attending physician. The certificate hos been signed by the attending physician and completely filled in by the funeral stoched for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 Dept. of Health priar to burial, cremation, a some yea, and in any event, within 72 hours after again.	F	PLACE OF DEATH  o. COUNTY  CECIL  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution o. STATE b. CO		
hours after n by the 3s. Pages hours after		b CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town)  EL KTON  LWEEK	C. CITY OR TOWN (If autside corporate limits, write R		
hin 24 ho filled in I papers.	,	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street address)  UNION HOSPITAL	d. STREET ADDRESS	0 IS RESIDENCE ON A FARM? YES \ NO \	
ote be executed within scion and completely fille eose remove corbon pa		NAME OF First Middle  DECEASED (Type or print) PEYTON R. HRR)	iost 4 DATE MO OF DEATH	onth Doy Year 9 1967	
execute and comp remove		MIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8 yrs		
ertificate be exe physician and c	•	Do USUA, OCCUPATION (Give kind of work dane uring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  THE STATE STATE STATE STATES NAME	11 BIRTHPLACE (County & State, or foreign country)  BRITIMORE CO. NAD	12 CITIZEN OF WHAT COUNTRY?	
certific	) -	PR. HENRY T. HARRISON	14. MOTHER'S MAIDEN NAME  ARRIVATION JENIF INFORMANT  Add	ER dress 151 E. AARIN, ST	
ottending		Yes, no, or unknown) (If yes give wor or dotes of service) 2/2-30-2672 E.	LSIE C. HARRISON	ELATON, MD	
quires that the d physician. signed by the oth buriol-tronsit per		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO	toy Colleges	INTERVAL BETWEEN ONSET AND DEATH	
equires the physican. signed by buriol-tror buriol, crei		Conditions, If ony, which gove inse to immediate couse (a), stating the underlying couse DuE 10	for ton	24hs,	
e low retending ss been os the priar to		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COUNTION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?	
IAN: The low rector or attending prince has been so for use as the beath priant of	2	200 ACCIDENT WAS UNDERLYING 2 205 DESCRIBE HOW INJURY OF CURRED OR CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Port for Port II of item 18.)	YES NO P	
DING PHYSICIA by the hospira tfer this certific be detoched for State Dept. of H	100		ACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)	
NDING ad by th After the	1	21. I certify that (I) (this hospital) attended the deceased fram	Dec , 1966, to /19	, 1967, that (I) (we) las	
R ATTENI retained ECTOR: A 3 should with the		220. SIGNATURE	at death accurred all M, from cause	s and an the date stated above	
moy be RAL DIR RAL DIR Poge	,	22c. PHYSICIAN S NAME (Type) PETER TAICROURS WAS	DIRECTOR PHYS.  22d. ADDRESS  PLATFORM	Mal	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept.		30. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify)  2 C. R. A. C.	CREMATORY 23d LOCATION (City of H112 TO WSON	Town) (County) (State)	
VR A15 (4)	2	24. FUNERAL DIRECTOR ROLL ADDRESS, 5-CE	MATE IAN 12 1967	REGISTRAR'S SIGNATURE	

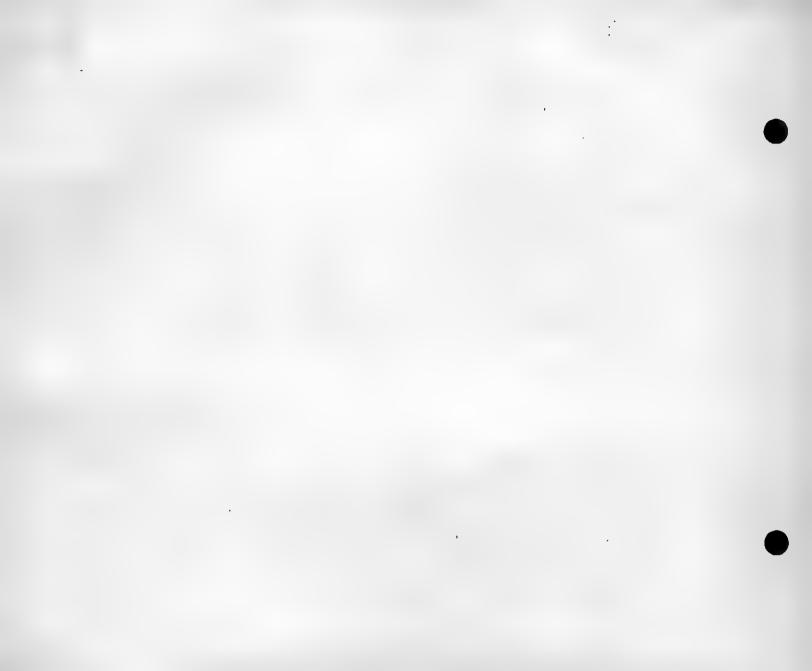


	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI	D	
# E2#	00589 CERTIFICATE OF DEATH	92	
er death. I and 2 er death.	1. PLACE OF DEATH a. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. STATE Md. Cecil		
hours after death d in by the funera rs. Pages 1 and 2 thours after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cecilton		
fille paper	Union Hospital YES	RESIDENCE A FARM? No X	
completely ve carbon pevent, with		Year 19 67	
and and remo	Female White WIOOWED DIVORCED January, 10, 1893 73 yrs. Months Days Hou	urs   Min.	
ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physician 3 should be detached for use as the burial-transit permits. Then please with the State Dept. of Health prior to burial, cremation, or removal, and is	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  13. Father's NAME  10b. KINO OF BUSINESS OR INCUSTRY  HOUSERY  London, England  14. MOTHER'S MAIDEN NAME	nA1	
	Henry Plant.  Mary Grogan  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address		
	No. (Tyes give war of dates of service) None. Frank Hines, Cecilton, Md. 219		
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)  OUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)	D DEATH	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS PER YES  10. ACC. DENT WAS UNDERLYING   20D. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  20a. ACC. DENT WAS UNDERLYING   20D. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  20a. ACC. DENT WAS UNDERLYING   20D. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	FORMEO?	
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While at work	(State)	
	21. I certify that (I) (this hospital) attended the deceased from 12 Dec , 1960, to 1 Jen oo 19 , that (I) saw the deceased alive on 1 Jen 66 19 , and that death occurred at 12: Myrom Abbuses and on the date state 22a. SIGNATURE 22b. DATE SIGNED ATTENDING ATTENDING DIRECTOR PHYS. 1/3/67	(we) las	
HALL MAN	22c. PHYSICIAN'S NAME (Type) Wallace Obenshain. M.D. Cecilton, Md. 21913		
TO HOSE A TO FUNE directo	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  Burial 3an. 4, 1967 Galena Cemetery.  Galena, Kent Co;  24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25c.	(State) Md.	
VR AI5 (4) 20M 1/65	Edward Fellows, Millington, Md. OATE JAM 5 1967 frances for	roge	

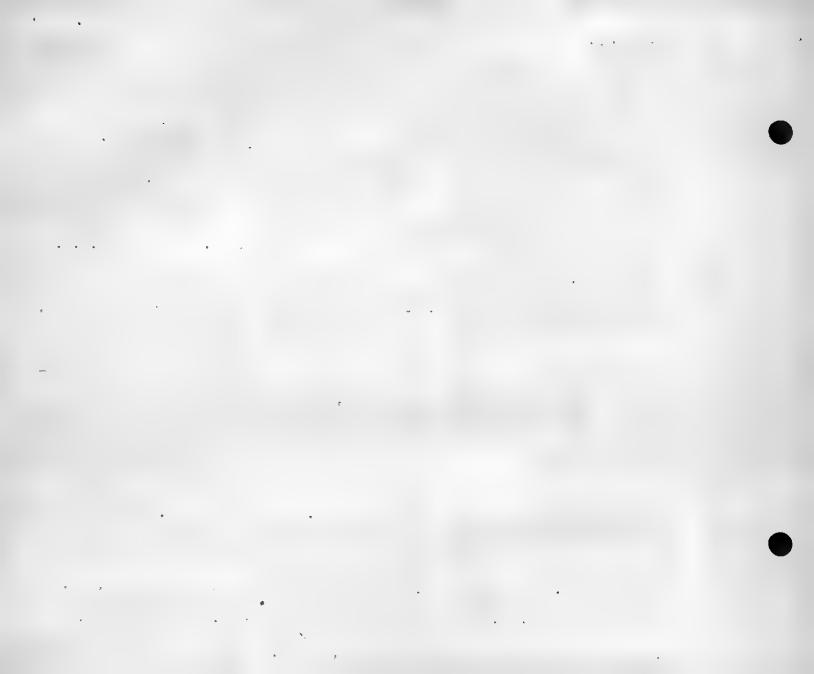
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and the state of	<b>1</b> [V]		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
= = = N			00590 CERTIFICATE OF DEATH	00593					
	death.	1	a politity						
	24 hours after death, filled in by the funeral apers. Pages 1 and 2 n 72 hours after death		CECIL MARYLAND ARY CATYO B. COONT	CEEIL					
	by the		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e RURAL and give nearest town)					
	hour l in s. l hou		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	T IS DESIDENCE					
	cate be executed within 24 hours after prysician and completely filled in by the 1 please remove darbon papers. Pages 1 raf, and in any event, within 72 hours after	)	VNION HOSPITAL HT FORREST	Rd. IS RESIDENCE ON A FARM? YES NO DA					
	thin tely on p	3	NAME OF First Middle ( last i.4. DATE Month	Day Year					
	executed within and completely remove darbon in any event, with		(Type or print) / TO ) ELLE B, /T/RST   DEATH JANUAR						
	utec	5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. OATE OF BIRTH 19. AGE (in years II last birthday)	FUNDER 1 YEAR   IF UNOER 24 HRS.  Months   Oays   Hours   Min.					
	and and rem	1	DA USUAL OCCUPATION (GIVE kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)	1 12. CITIZEN OF WHAT					
	cian ase nd ir	di	iring most of working life, even if retired) INDUSTRY	COUNTRY?					
	a e e	1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U)n_					
	Then Then Then Then Then Then Then Then		GEORGE BUFFALOE GOLDIE -						
	1 ce tendi it. or re	100	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address (16. SOCIAL SECURITY NO. 17. INFORMANT)						
	death e ath perm jon,		NO WALTER N. HIRST 184	# 2 ELKHONNY					
	ding physician. death certificat been signed by the attending buy the ben signed by the attending buy the burial-transit permit. Then pur to burial, cremation, or removal,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSEO BY: / /	INTERVAL BETWEEN ONSET AND DEATH					
	hat ( cian ed b ed b trar		41 Y IMMEDIATE CAUSE (a) LODAR PREUMANIA	2 w/s					
	es t hysi sign urial urial		Conditions, if any, which (b)						
	ng paging been be		gave rise to immediate ( cause (a), stating the OUE TO						
	aw re ttendii has be as th prior	_	underlying cause last. (c)						
	r ath r ath te h use lith p	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	PERFORMEO?					
	A: TI of tal of	IFIC I	HINCH IS, SCUCKE, TYPE UNDETERMINED.  203. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of	YES IV NO					
	PHYSICIAN: The law requires that the death certificate the hospital or attending physician.  His certificate has been signed by the attending physician the burial-transit permit. Then plue detached for use as the burial-transit permit. Then plue Dept. of Health prior to burial, cremation, or removal, and the prior of the plue of the prior to burial.	CERI	20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	HYS he h this etac etac Dep	CAL	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)					
	NG P by t fter fter be d State	WEDICAL	Hour a.m.  While Not While at work at work						
	ATTENDING retained by CTOR: After S should be with the Stat		21. I certify that (I) (this hospital) attended the deceased from 1-6-, 19-7, to 1-11-	, 1947, that (I) (we) last					
	CTO sho		saw the deceased alive on 1966, and that death occurred at 3 27M, from the causes a	nd on the date stated above.					
	or be JIRE 3 ge 3 ge 3 ed w		M.D. ATTENOING MEO. STAFF PHYS.	1-13-67					
	may MAL YAL y pa	,	22c. PHYSICIAN'S NAME (Type) 22d. AOORESS						
	O HOSPITAL OR ATTENDITY  Page 4 may be retained of FUNERAL DIRECTOR: A director, page 3 should should be filed with the S	-	1 //man D. Ochusen M. 1) 103 Dingert Ava. Em	run, M.d.					
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or atten To FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior	2:	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town 19 MOVAL (Specify) 1 14 67 CII DIN MANGE MEN DY FLYCTON	in or county) (State)					
	(	) -		GISTRAR'S SIGNATURE					
	VR A1II (4)		MIH PIPPIN FUNERALAGRAE Should be Mid. DATE JAN 16 1967 &	Charles Judge.					
	15M 4-64	1=	The state of the s	- 7 0					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -CERTIFICATE OF DEATH 00591 00594 death. that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Cecil MARYLAND b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURA, and give nearest town) mos 19 dav 2111 Perry Point Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 2302 Garrett filled in e IS RESIDENCE ON A FARM? X REST CONSISTENCE RESTAURA NO XX Veterans Administration Hospital 3 NAME OF 4. DATE Month pau Dov DECEASED 67 JOSEPH PETER HURER January 19 (Type or print) DEATH 100 S SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthdoy) Davs Hours 9-6-87 in any WIDOWED XX DIVORCED White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY physician Baltimore, Md. Butcher. retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME (D) Catherine Baker Michael L. Huber attending p IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 6 215-07-1861 VA Hospital Records, Perry Point, Md. signed by the atter burial-transit perm burial, crematian, a Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY ONSEL AND DEATH Acute pulmonary edema IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (a). DUF TO stating the underlying cause as the prior tal has been Arteriosclerosis, generalized vears lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? be detached far use State Dept. af Health YES K NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that XIX (this haspital) attended the deceased from Oct. 6 19 66 to Jan. 23 19 67thanker KWKK163 be retained directar, page 3 shauld should be filed with the 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING 1-23-67 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) VA Hospital. Perry Point, Md. GOLDGRABEN. MD 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. Removal (Specify) dem. Baltimore Md. Jan. 26. 1967 Most Holy Redeemer 2Sb. REGISTRAR 5 SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Maryland VR A15 (4) 20 M 1/66 Miarles & Sanders & Son. North Ave & Broadway. Baltows.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HIALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) n COUNTY 2, and 3 to PM3. Poge b. COUNTY Maryland Ceci1 Cecil MARYLAND poges I and 2 with the State Department b CTY OR TOWN (If autside carparate limits, c. LENGTH DE STAY IN 16 c CITY OR TOWN (if autside corparate limits, write RURAL and give nearest fawn) write RURAL and give nearest town)
Elkton North East d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Examiner's Office along with form ON A FARM? Union Hospital 14 Rolling Mill Lane NO X in Item 18. Give Poges This certificate should be executed within 24 hours after death NAME OF Middle 4. DATE Уеаг DECEASED 30 ROBERT CART. **ISAACS** (Type or print) DEATH January NEVER MARRIED AGE (In years IF LADER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7 MARRIED last hyrthday) Hours White Male after death WIDOWED DIVORCED On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY LABOR ACTORY 13 FATHER'S NAME pencil LOCKARD 16 SOCIAL SECURITY NO 7 INFORMANT (Yes, no, or unknown) (If yes give war ar dotes of service icote, writing the word "pending" be farworded to the Chief Medical within NORTH EAST, MA NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY event Pulmonary Artery Embolism MMEDIATE CAUSE (a) in ony Conditions if any, which gave (b) Popliteal Vein Thrombosis rise to immediate cause (a), DUE TO stating the underlying couse (c) Perineal Abscess. SO removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? CERT FICATION YES 🔀 NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of njury in Part or Port I of item 1B) 3 should PRIMARY ar CONTRIBUTING should CAUSE OF DEATH MEDICAL 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) 20c TIME OF INJURY Manth Day, Year 20d INJURY OCCURRED Haur a.m. factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at wark gt work 21. I certify that I taok charge of the remains, described above, held an Autapsy Inspection Inquiry and in my opinian death resulted from: Natural couses 3 Suicide Undetermined manner funerol director. Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER **SIGNATURE** Health prior DEPUTY MED CAL EXAM NER 1/30/67 **EXAM:NER'S** Address (Street city, tawn, or county) NAME (Type) Charles S. Petty 23c NAME OF CEMETERY OR (REMATOR) 23d LOCATION (City or Town) BUR AL, CREMATION, REMOVAL (Specify) CECIL NORTH EAST 250 RECD BY REGISTRAR VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00593 CERTIFICATE OF DEATH 00596 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Cecil Pennsylvania MARYLAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) 20 yrs 9 mos Catasauqua Perry Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 200 Church Street Veterans Administration Hospital YES NO DC 3 NAME OF Middle Last 4. DATE Month in any event, wet **DECE ASED** 18 19 67 KARO (Type or print) JOSEPH DEATH January 9 AGE ( n years IF UNDER LYEAR | IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED **NEVER MARRIED** न्नि S Hast birthday) Days Hours 6-11-12 WIDOWED DIVORCED White Male 10g JSUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 106 KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? U.S.A. Northhampton, Penna. Textile worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Orban Joseph Karo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address signed by the attending burial-transit permit. burial, crematian, ar re-(Yes, no, ar unknown) (If yes give war ar dates of service) VA Hospital Records, Perry Point, Mu. .94-07-7637 Yes INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) 2-3 WKB PART I. DEATH WAS CAUSED BY. Lob ar Pneumonia, Bilateral IMMEDIATE CAUSE (a) DUE TO Carcinoma of Naso-Pharynx with Extension into 6-12 Mos. Conditions, if ony, which gove rise to immediate cause (a). Base of Skull DUE TO stoting the underlying couse as the priar to b last 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO **10 FUNERAL DIRECTOR:** After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or fown) (County) (Stote) Haur o.m. factory, street, office bldg., etc.) Not While at work at work be retained provide a representative and the state of th 22a. SIGNATURE 225. DATE SIGNED ATTENDING 1-18-67 M.D. DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) VA Hospital, Perry Point, Md. Alfred G. Gillis. M.D. 23a BURIAL (REMATION REMOVAL (Spenty) Removal 23d, LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b) DATE THEREOF (Stote) (County) will Uur: Sain Cum ur adnot 24 FUNERAL DIRECTOR 2Sb/ REGISTRAR'S SIGNATURE 256. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Funeral Home. Northhampton.



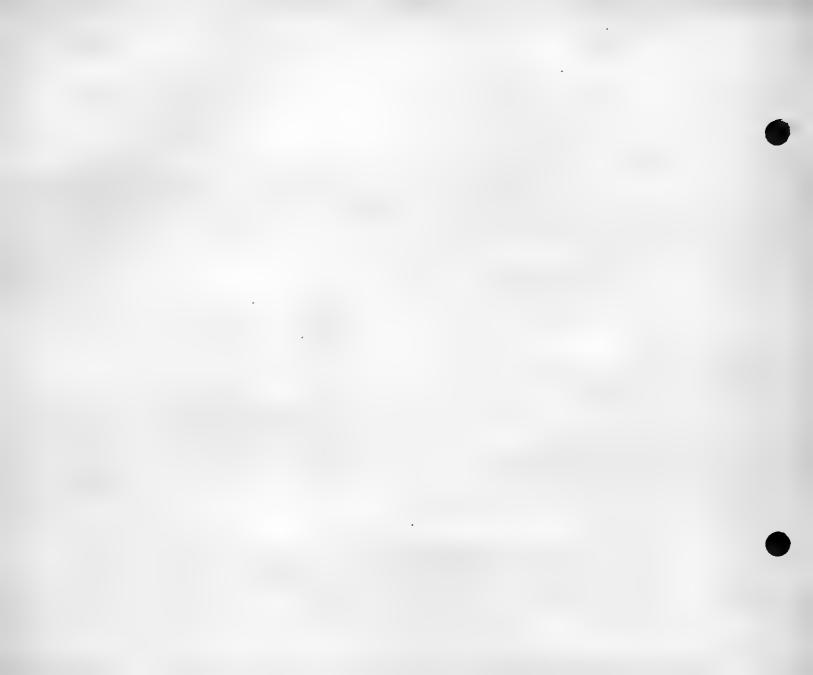
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 00597 00594 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Isician and completely filled in by the funerol please remove carban papers. Pages 1 and 2 , and in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY o. STATE District of Columbia Cecil MARYLAND b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 4 mos 19 days Perry Point Washington e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 1010 P Street. N.W. YES NOTES Veterans Administration Hospital 3. NAME OF First Middle Lost 4 DATE Month Doy Yeor DECEASED 1967 LANG DEATH January NMI JAMES (Type or print) 9. AGE ( n years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S SFX B DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Davs Hours WIDOWED T DIVORCED 12-7-00 Negro Male 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Lancaster Co., S.C. Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Fannie Robinson (D) Ned Lang (D) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 577-12-3722 VA Hospital Records, Perry Point, Md. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), signed by the burial-transit p 1 GNEET 400 BLATTE PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral DHE TO buriol, (b) Bronchogenic carcinoma of left lung 9-12 mos. Conditions if ony, which gove rise to immediate couse (a), DUE TO storing the underlying couse the hospital ar attending Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been the Health prior to 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use YES 2 NO [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS JNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Not While þe 21. I certify that W (this haspital) attended the deceased from Aug. 17 , 1966, to Jan. 3 , 1967, that strategically attended the deceased from Aug. 17 soon to deceased above were stated above. 22b. DATE SIGNED 22o, SIGNATUR 1-4-67 DIRECTOR M.D. PHYS PHYS. director, poge Should be filed 22d ADDRESS 22c. PHYSICIAN'S VA Hospital, Perry Point, Md. JOEL BLANCAFLOR, M.D. NAME (Type) 23b. DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, Removal (Specify) Arlington National Ft. Myer. Va. 1-9-67 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Frazier Funeral Home, Washington, DC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00598 00595 CERTIFICATE OF DEATH death, by the funeral Pages 1 and 2 requires that the death@c@nngcate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY CECIL o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? CALVERT NURSING HOME YES NO TO 3 NAME OF carban Last DATE Manth Day Year DECEASED (Type or print) DEATH S SEX DATE OF BIRTH 9. AGE/In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months birthdoy) Hours WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT please during most of working life, even if retired) attending physician permit. Then please 180g. nurse 13. FATHER'S NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, na. or unknown) ((if yes give war or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse as the last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F YES [ O FUNERAL DIRECTOR: After this certificate ó 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. Nat While factory, street, office bldg., etc.) at wark at wark 21 I certify that (I) (this haspital) attended the deceased from\_ 1/200 1966 to , 19<u>6</u> ? that (1) (we) last 19.6.7, and that death accurred of 0.05 CM, from couses and an the date stated above saw, the deceased alive an\_ director, page 3 sha should be filed with 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d ADDRESS 22c. PRYSICIAN'S TO HOSPITAL NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (County) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So. RECD BY REGISTRAR Misselen VR A15 (4) 20 M 1/66 RISING SUN DATE



1	MAR DIVISION OF STATISTICAL RESE		ARTMENT OF HEALTH 301 W. PRESTON STREET, BA	ALTIMORE 1. MARYLAND
2	00596	CERTIFICATE		00599
any event, within 12 hours after death	1. PLACE OF DEATH a. COUNTY CECIL	MARYLAND	a. STATE MD	ived, If institution: Residence before admission) b. COUNTY C & C / L
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  "HES APEARE CITY	c. LENGTH OF STAY IN 1b	CHESAPEACE	Ilmits, write RURAL and give nearest town)
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET AOORESS  NONE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) SOOHIA	Middle	Last 4. DATE OF DEATH	Month Day Year 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWEE		DATE OF BIRTH 9. AGE last 7/ 11. BIRTHPLACE (County & State, or fore	(In years   IF UNDER 1 YEAR   IF UNDER 24 HRS. birthday)   Months   Days   Hours   Min. yrs.
	during most of working life, even if retired)	INDUSTRY OME	UKRAIHE  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no., or unkown) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17. I	NFORMANT  AUI LESAK	Address MP CHFSDPEARE OITS
3	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	e RONARY T	THROMBOSIS	INTERVAL BETWEEN OASET AND OEATH OASET AND OEATH
3	TICATI		RED. (Enter nature of injury in Part I of	PERFORMED? YES NO
		Not While factory	E OF INJURY (Home, farm, , street, office bldg., etc.)	or town) (County) (State)
	21. I certify that (I) (this hospital) attends saw the deceased alive on 22a. SIGNATURE	187	death occurred at 3 / M, from the	e causes and on the date stated above.  22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) HENRYU, I	ANIS MO	ATTENDING MED. ST. PHYS. DIRECTOR PH	Pars 0 13/67
P	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1-2-67 24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OF ROSE OF ADDRESS	OR CREMATORY 23d. LOCATION  F 6 164 P CHESP 7  1258. REC'D BY REGISTRAR	74
K	PIPPIN FONERAL HOM	E ELKTO	_	1967 girantes Judg.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00597 CERTIFICATE OF DEATH 00600 The law requires that the death certificate be executed within 24 hours after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY and completely filled in by the fur remave carban papers. Pages 1 n any event, within 72 haurs after Cecil MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF TAKEN IN c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) vrs 2 mos Perry Point Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital E. Fayette Street YES NO SE 3. NAME OF 4. DATE Lost Month Doy Year DECEASED (Type or print) OF DEATH 19 67 MARSHALL 19 WILLIAM B. January IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Hours 9-26-98 WIDOWED X X DIVORCED White Male 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDHSTRY COUNTRY? Ship chandler
13 FATHER'S NAME Baltimore, Md. 14 MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Thehy burial, cremation, ar removal Frances Parley William Marshall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO 17. INFORMANT Address (Yes no, or unknown) (If yes a ve war or dates of service) 215-12-5939A VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Uremia Conditions, if ony which gove (b) Urinary tract infection (acute pyelonephritis DUE 10 pyonephrosis, cystitis) rise to immediate couse (o) stating the underlying couse as the (d) Bladder stones 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES X NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Not While ot work 21. I certify that 45 (this haspital) attended the deceased fram Nov. 3 soundhexdeversed column and the date stated above 22o SIGNATURE 22b DATE SIGNED MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVA. (Specify)
REMOVA. (Specify) Druid Ridge (emetery Rultimore 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) DATE JAN 19\$7 20 M 1/66 Moran Funeral Home, 3000East Balto. St.,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00598 00601 CERTIFICATE OF DEATH the low requires that the death certificate be executed within 24 hours after death ician and completely filled in by the funeral lease remove corbon papers. Pages 1 ofid ond in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY Cecil Maryland MARYLAND b CITY OR TOWN (If outside corporate 1 mits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 mos. 24 days Keedysville Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital RD # 1 YES NO X 3 NAME OF Middle Lost 4 DATE Month Year DECEASED OF DEATH 19 67 MCAFEE 12 THOMAS January (Type or print) S SEX AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Doys Hours 12-3-96 WIDOWED TY DIVORCED Male White 10b. KIND OF BUSINESS OR 100, USLAL OCCUPATION (Give kind of work done 11 Blk HPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY 2 . S.A. during most of working rife, even if retired)
Construction worker INDUSTRY Foxville, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physical buriol-tronsit permit. Then puriol, cremotion, or removol, (D) Effie Holmes (D) Nathaniel McAfee 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service WW 220-09-9268 VA Hospital Records, Perry Point, Md. Yes INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 4 MO A Che PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Squamous cell carcinoma, nasopharynx with Page 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by invasion of posterior fossa Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the prior to t 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION be detached for use State Dept. of Health YES NO XX 20a ACCIDENT WAS UNDERLYING [] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While ot work of work L 2). I certify that Mixitis hospital) attended the deceased from August 17, 1966, to Jan. 12, 19 6, hear the deceased from August 17, 1966, to Jan. 12, 19 6, hear the deceased from August 17, 1966, to Jan. 12, 19 say the decreased place and accounted at 10:30% from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING 1-12-67 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type)/ VAH. Perry Point, Md. JOEL BLANCAFLOR, M.D. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) REMOVAL (Specify) 1- 14- 67 Hagerstown, Md. Rose Hill Cemetery 2Sb. REGISTRAR S SIGNATURE 25o. REC'D BY REGISTRAR John H. Bast, Jr. Bast Funeral Home, Boonsboro, Md. Charles VR A15 (4)

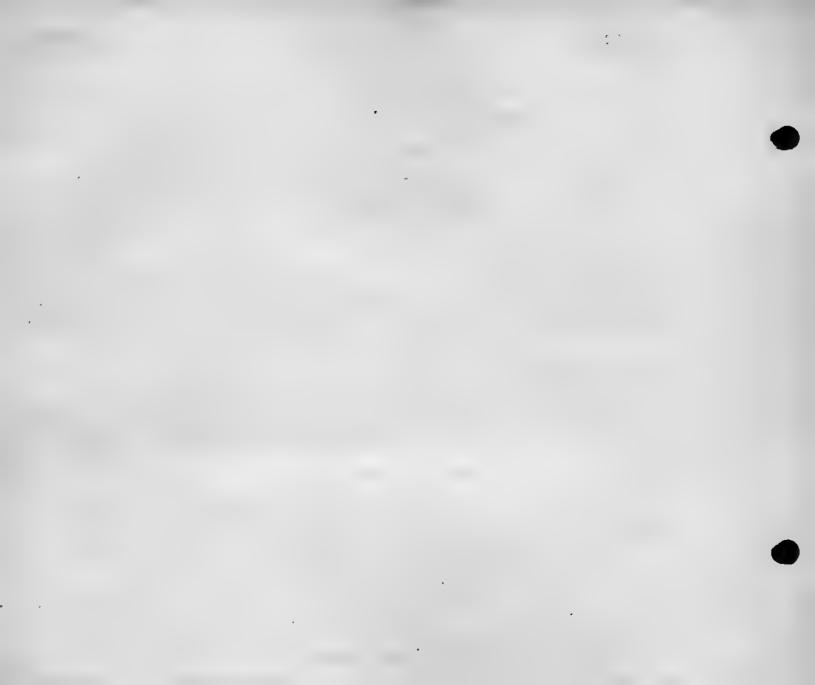


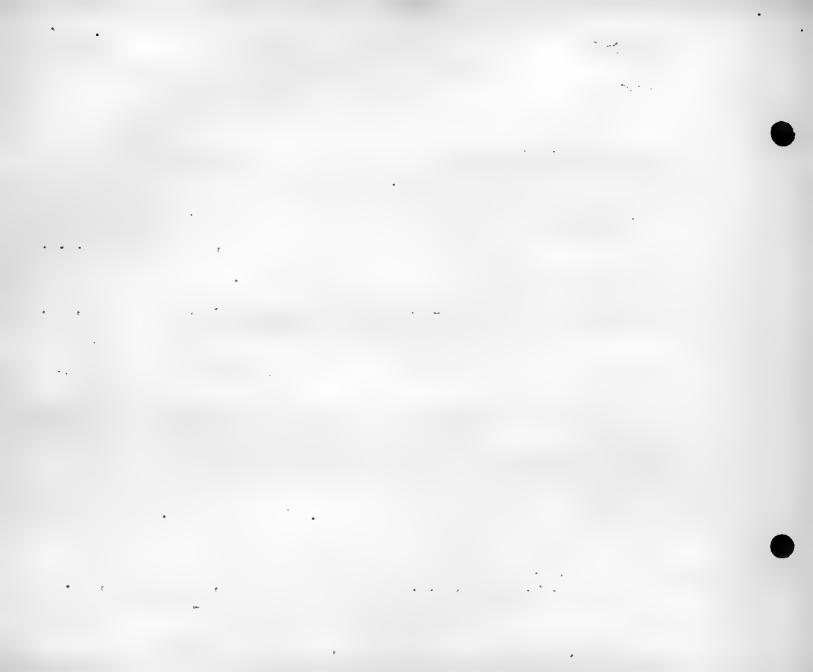
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2-r death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Cecil a. STATEMARY Land completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 20 yrs. North East North East d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No. 8 East Cecil Ave. No. 8 East Cecil Ave. NO A YES executed within 3. NAME OF Firet Middle Last DATE Month Day Year DECEASED Frank Lewis McCall January 19 67 (Type or print) DEATH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min. and con 5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. any Male White April 15, 1906 WIDOWED [ DIVORCED and in physician and please re 10a. USUAL OCCUPATION (Glye kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? certificate be INDUSTRY Construction Cecil County, Maryland Heavy Equipment Oper. 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME r the attending p transit permit. Then cremation, or re-Daisy McCall Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. East Cecil Ave death Mrs. Alice E. McCall 220-14-9461 North East, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ed by PART I. DEATH WAS CAUSED BY: PU/MONA/C or attending physician. 5 miles IMMEDIATE CAUSE (a) been signed I the burial-transor to burial, cr Arterioseleration Heart Disease DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th r this certificate has the detached for use as the Dept. of Health prior underlying cause last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. CERTIFICATI PERFORMED? Arcites YES T ND 4 the hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) should be defactory, street, office bldg., etc.) Hour a.m. While Not While at work at work Auge 4 may be retained to FUNERAL DIRECTOR: A FUNERAL DIRECTOR: A Should be retained 4 Jan 21. I certify that (I) (this hospital) attended the deceased from 19.67, that (I) (we) last and that death occurred at 5:13/M, from the causes and on the date stated above. saw the deceased alive on 1967 22a. SIGNATURE DATE SIGNED filed ATTENDING M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 KLAUS H. HUEBNER NAME (Type) NORTH EAST. Mel Page / BURIAL CREMATION, 23b. BURIAL (Specify) 1/1 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 /13/67 North East North East Methodist Cem. Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Grant Funeral REC'D BY REGISTRAR Worth East, Md. VR A15 (4) 15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a dmission) a. COUNTY b. COUNTY Ceci Cheil 훈건축 MARYLAND أعلال أعطان and deatl b. CITY OR TOWN (il outside corporata limits, c LENGTH OF STAY IN 1b c. CiTY OR TOWN (Il autside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 4 19755 iton Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ician and completely faces carbon papers. Fevent, within 72 hou cion los nita YES NO Plaggant executed 3. NAME OF 4. DATE Middle Last Month Yed Yaar DECEASED OF (Type or print) DEATH C 19 Januart cConnel 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours Frama le WIDOWED [ DIVORCED Jan. attending physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) Pennsylvania Corp. please 13. FATHER'S NAME MOTHER'S MAIDEN NAME 2 and Elizabeth Vilson Russell Gregg Then 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Addrass removal (Yes, no, or unkown) | (If yas give war or dates of sarvice) attending physician. as been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN b PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)\_ has been signed he burial-transit p cremation, metastases **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. [c] the hospital or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital 19. WAS AUTOPSY certificate CERTIFICATION 8 0 PERFORMED? NO 🔯 YES | esn prior 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |) of itam 18.) 20a ACCIDENT WAS UNDERLYING [ may be retained by the h DIRECTOR: After this c 3 should be detached for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (State) factory, streat, office bldg., atc.) Hour a.m. While Not While ō at work al work p.m. 196 21. I certify that (I) (this hospital), aftended the deceased from..... , and that death occurred at 200M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 220. SIGNATURE ATTENDING MED. STAFF SIGNED O HOSPITAL death. Page 4 r PHYS. DIRECTOR PHYS. M.D. rector, page 22c. PHYSICIAN 22d. ADDRESS NAME (Typa 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) åFo Iritain Presbyterian C met apri REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE Cioneles VR A1S (4)

20M S-63





Banker  13. FATHER'S NAME    MATTER   M	0066
RIPAL NOTTH PAST  d. NAME OF HOSPITAL OR INSTITUTION, J. 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
R.D. 2  R.D. 2  A735 Hazel Ave.  4735 Hazel Ave.  1. DATE OF DECEASED (Type or prin)  S. SEX  Male    Milto   Milto   Mildia   Last   DEATE   DEATE   DEATE   DECEASED (Type or prin)   DEATE   DECEASED (Type or prin)   DEATE   DIVORCED   DELAWARE CO. Penna.  13. FATHER'S NAME  Edward B. McLaughlin  15. WAS DECEASED EVER IN J. S. AMADE FORCEST   16. SOCIAL SECURITY NO. 17. INFORMANT   Anna Burns  16. CAUSE OF DEATH Enter only one cause per Ine for (a), (b), and (c).)  PARTI. DEATH WAS CAUSED BY: (b) DUE TO   CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GROUPS   DIVORCED   D	d give nearest to
S. NAME OF DECEASED   EDWARD B. McLAUGHLIN   Modile   Last   4. DATE OF BIRTH   Month Of DEATH   S. DATE OF BIRTH   Month Of DEATH   Month of Mon	e. IS
Manual Willowed Divorced July 25, 1901 65 yes.  No. USJAL OCCUPATION (Give kind of work done during most of working life, even if relired) Banker  13. FATHER'S NAME  Edward B. McLaughlin  15. WAS DECLASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ver, no, or unknown) (Illysgive wearer dates of service) 159—07—6873 Margaret D. Lipsey North East Was 28 North East Due to Conditions if any, which gave rise to medicite cause (e), steining the underlying cause lest.  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BJT NOT RELATED TO THE FERMINAL DISEASE CONDIT ON GIVEN IN PART OF CONTRIBUTING CAUSE OF DEATH (Enter only one cause per line for [a], [b]). The property of the property of the underlying cause lest.  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BJT NOT RELATED TO THE FERMINAL DISEASE CONDIT ON GIVEN IN PART UP. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Dey Yes [
Banking Delaware Co. Penna.  Banker  13. FAHER'S NAME  L'AWARD BLASSE EVER IN J.S. ARMED FORCES? (15. NO. Or unknown) Illivergree waterdates of service. (15. WAS DECASED EVER IN J.S. ARMED FORCES? (15. NO. or unknown) Illivergree waterdates of service. (15. WAS DECASED EVER IN J.S. ARMED FORCES? (15. NO. or unknown) Illivergree waterdates of service. (15. WAS DECASED EVER IN J.S. ARMED FORCES? (15. NO. or unknown) Illivergree waterdates of service. (15. WAS DECASED EVER IN J.S. ARMED FORCES? (15. NO. 17. INFORMANT INFORM	YEAR IF UNDE
## Anna Burns  15. WAS DECEASED EVER IN J.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Wes, no, or unknown) (lifyes; give weitor dates of service)  159-07-6873  Margaret D. Lipsey  North East  16. Cause of Death (inter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  Left ventricular hypothropshy and failure  Conditions if eny, which gave rise to menediete cause (e), stelling the underlying cause lest.  DUE TO  Conditions if eny, which gave rise to menediete cause (e), stelling the underlying cause lest.  DUE TO  Conditions (e), stelling the underlying DUE TO  Conditions (e), stelling the underlying Cause of DEATH (if Either, NOTIFY MEDICAL EXAMINER)  20e. ACCIDENT WAS UNDERLYING [1]  20e. TIME OF INJURY Month, Dey, Yeer While Not While et work   story, street, office bidg., etc.)    While Not While et work   story, street, office bidg., etc.)    21. I certify that (1) (this hospital) attended the deceased from the causes and on the deceased alive on.  22. DAYS CAUSE AND SECTION    MED. PHYS.    DIRECTOR   PHYS.    DIRECTOR   PHYS.    ATTENDING MED.    ATTENDING MED.    PART I. ADDRESS.	USA
15. WAS DECEASED EVER IN J.S. ARMED FORCES? Yes, no, or inknown   (If yes, no, or inknown)   (If yes)   (If	
(Yes, ro, or unknown) (If yes graye war or dates of service) WW	
18. CRUSE OF DEATH [Enter only one cause per   ne for (a), (b), and (c).]  PART 1. DEATH WAS CAUSE (e)  Left ventrecular hyperbays by Check facility  Conditions if eny, which gave rise to manediete cause (e), steing the underlying DUE TO cause lest.  (c)  PART 1. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDIT ON GIVEN IN PART (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19 et work 18 work 19 th	t. Md.
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19 While Not While of work 10 st work 10	14 yz 16 yc.  1(e) 19. WAS PERF
21. I certify that (1) (this hospital) attended the deceased from 19.23 1966, to 19.66, and that death occurred at 1.15 M, from the causes and on 22e. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1224 ADDRESS.	
saw the deceased alive on	_
NAME (Type) KLAUS H- HUEBNER NORTH EAST, HL	the date state
23a, BURIAL, CREMATION, 23b., DATE THEREOF 1/6/67   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, lown or count REMOVAL (Specify)   1/6/67   Immaculate Heart Cem.   Linwood, Del Co.   Example 1/6/67   Linwood, Del Co.   Linwood, D	

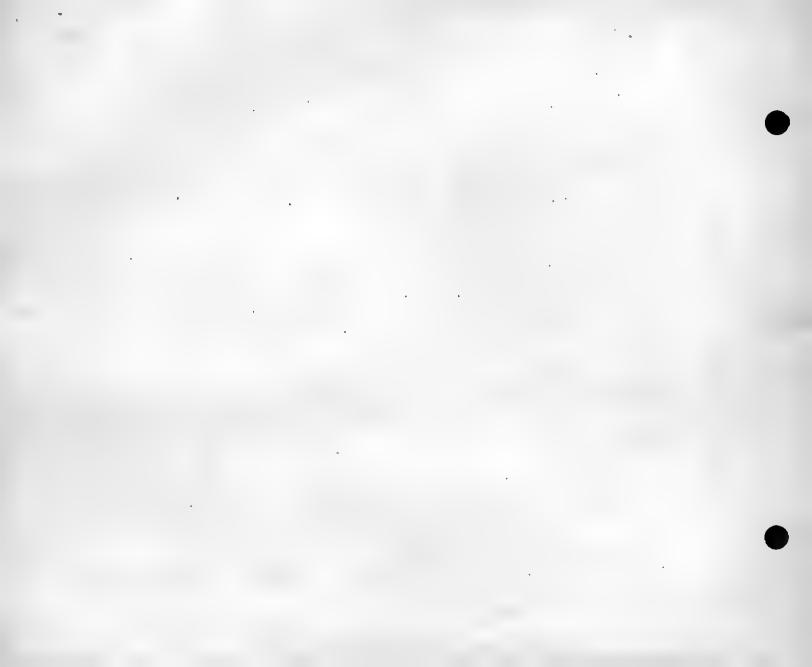
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH กกรกธ funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after Cocil MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Tife filled in Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within completely i YES ND executed within 3. NAME DE Last Middle DATE Month Year DECEASED DF (Type or print) ddward [iller DEATH 19 Tannaarr 5. SEX 6. COLDR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED A NEVER MARRIED last birthday) | Months | Hours ″ດ ] a WIDOWED DIVORCED 04 .= 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Spitz Lab. Penna. death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Morman P. Filler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknyp) \ (If yes give war or dates of service) d by the attend transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Address No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN this certificate has been signed by the letached for use as the burial-transit bept, of Health prior to burial, cremains. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Atteroscherosis Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the Hypertensive Carliovasular Disease underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING DO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) etached f Dept. of **EDICAL** 20c. TIME OF INJURY Month, Bay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While Page 4 may be retained by at work at work director, page 3 should should be filed with the 1965 to. Jan 21. I certify that (I) (this hospital) attended the deceased from 8 Jan 1967 and that death occurred at 10:30 km, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS LAUS H. HUEBNER H.D. NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) ■EMOVAL (Specify) Rosebank Cemeter alvert FUNERAL DIRECTOR VR A15 (4) Alkton. nerals 15M 4-64



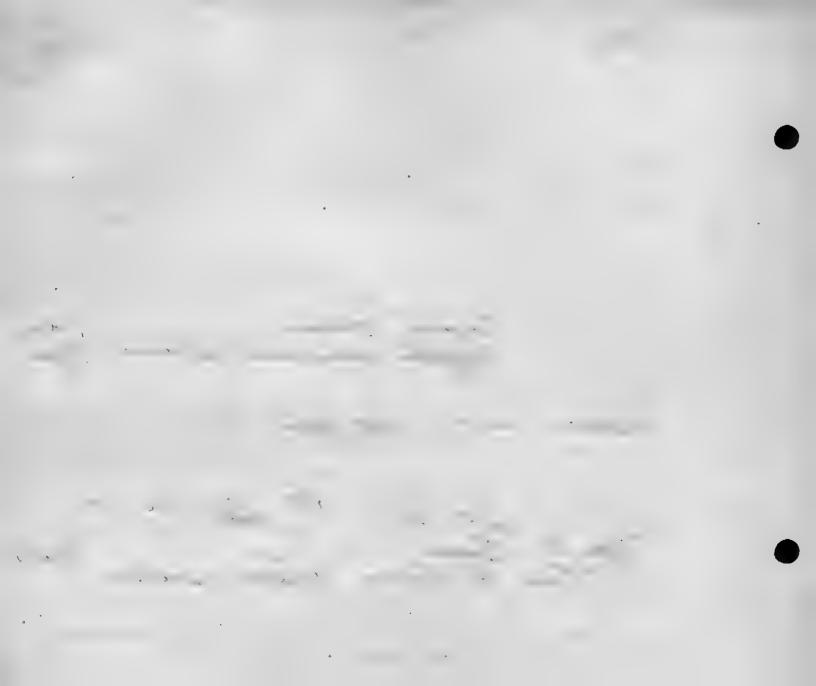
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00604 CERTIFICATE OF DEATH 00607 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY a. STATE b. COUNTY Maryland Cecil MARYLAND C LENGTH OF STAY BY and completely filled in by the b. CITY OR TOWN (If outside corporate fimits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) Bel Air Perry Point yrs MOB d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? RD # 2. Box 32 Veterans Administration Hospital YES NO DE 3. NAME OF 4 DATE First Last Manth Day Year DECEASED (Type or print) 167 17 LUTHER E. QUILLEN January DEATH S SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 38 dirthdoy) 9. AGE (In years 7 MARRIED NEVER MARRIED Months Days Hours 12-3-28 WIDOWED DIVORCED White Male 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if retired) Air Craft Plant Rugby, Virgha none: Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (L) Eula Walton Luther Quillen 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 1-9-51to10-8-52 214-26-8986 VA Hospital Records, Perry Point, Md. Yes The CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p Aspitation Pneumonia, Recurrent IMMEDIATE CAUSE (o) DUE TO MULTIPLE SCLEROSIS 10 Years Conditions, if only, which gave nse ta immediate cause (a), DUE TO stating the underlying cause Page 4 moy be retained by the hospital or ottending fo FUNERAL DIRECTOR: After this certificate hos been ф PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO F ঠু 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg, etc.) Nat While at wark ot wark 21. I certify that XIX (this haspital) attended the deceased fram May 27 1963 to Jan. 17 1967 Kappe Kap spraybey begreen at 1:25M, from causes and on the date stated above. 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF PHYS. 1-18-67 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) S. GOLDGRABEN, M.D. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Mt Zion Cemetery Bel Air, Maryland 67 Jan. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Funeral Home, lianelly 1967 'Aberdeen, Md.

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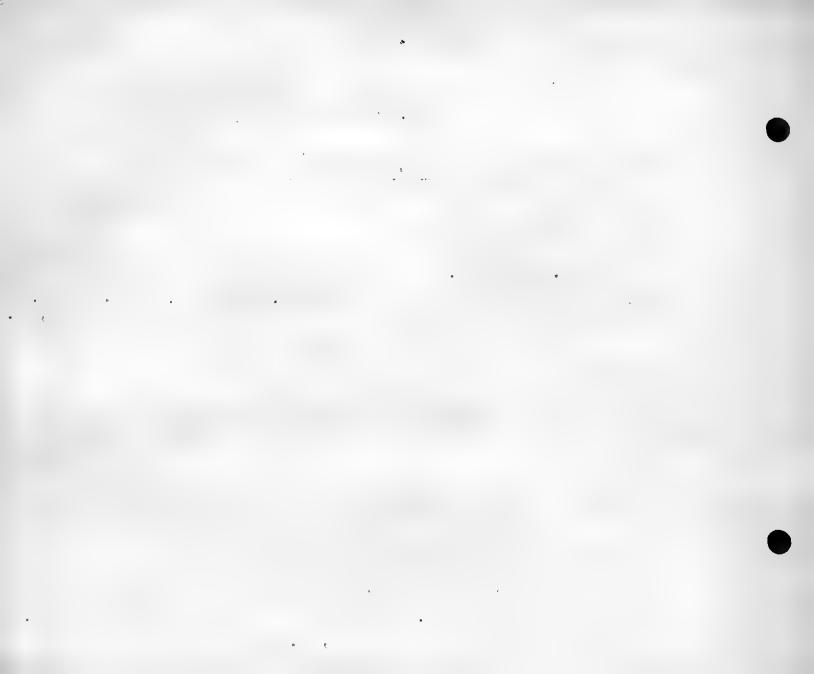
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a\_COUNTY a. STATÉ b. COUNTY MARYLAND funeral may be b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) may write-RURAL and give nearest town) S I d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? State hours SMAIN NO Z YES 3. NAME OF First Middle DATE Month 4. Year DECEASED (Type or print) DEATH 2 with AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours DIVORCED event 16a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY ENNSYLYANIA FATHER'S NAME MOTHER'S MAIDEN NAME and and 15, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Addres 52 7 (Yes, no zer/ankowa) permit. removaí, MRS ALBERT INTERVAL BETWEE CAUSE OF DEATH [ Enter only one cause per line for ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ial-transit nation, or IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. as PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY ed a buri CERTIFICATION PERFORMED? NO K YES [ 300 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. o e DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 모님 (State) WEDICAL 20e. PLACE OF . NJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bidg., etc.) EXAMINER: Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should Undetermined manner Natural causes Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER YOUR ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for O DEPUTY MEDICAL EXAMINER FUNERAL f Health o **EXAMINER'S** director. retained Address Istreet out Awar by bybuy NAME (Type) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) of 0 NICE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ALSME (5) 1/65



DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY חמודות by the and 2 death. Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) write RURAL and give negrest town) Pages 1 ours after 5 Elkton executed within filled d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? papers. In 72 hor YES NO KT completely 3. NAME OF Middle DATE Month DECEASED OF and comp carbon pa nt, within 7 (Type or print) DEATH Rinehart Januarer 19 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED 9. AGE (In Yours ) IF UNDER 1 YEAR JF UNDER 24 HRS. last birthday) Months avent, a Frigar WIDOWED IX DIVORCED certificate ie attending physician a Then please remove co toval, and it and avent 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Eousewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Potts Julia Corriden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (Ifyes givewer or detes of service) 63-09-1960D ending physician. been signed by the permit. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) has been signed he burial-transit p cremation, being solevier feart die DUE TO attending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse last. hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 8 Q PERFORMED? prior NO K 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Ente neture of injury in Part I or Part II of item 18.1 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Homa, farm, ) 20f. (City or lown) (County) (State) While factory, street, office bldg., etc.) Hour e.m. Not While ਰ may be retaine DIRECTOR: el work at work D.m. 21. I certify that (I) (this hospital) aftended the deceased from... ....., 196 ...., that (I) (we) last ...19 6 7... and that death occurred at 136 M. from the causes and on the date stated above. saw the deceased alive on... 22e. SINATURE ATTENDING death. Page 4
IO FUNERAL
director, page 3
be filed with the PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S 23a. BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Boulden's Chasel Cematery Il iton. Coci 24 RUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE 20M 5-63



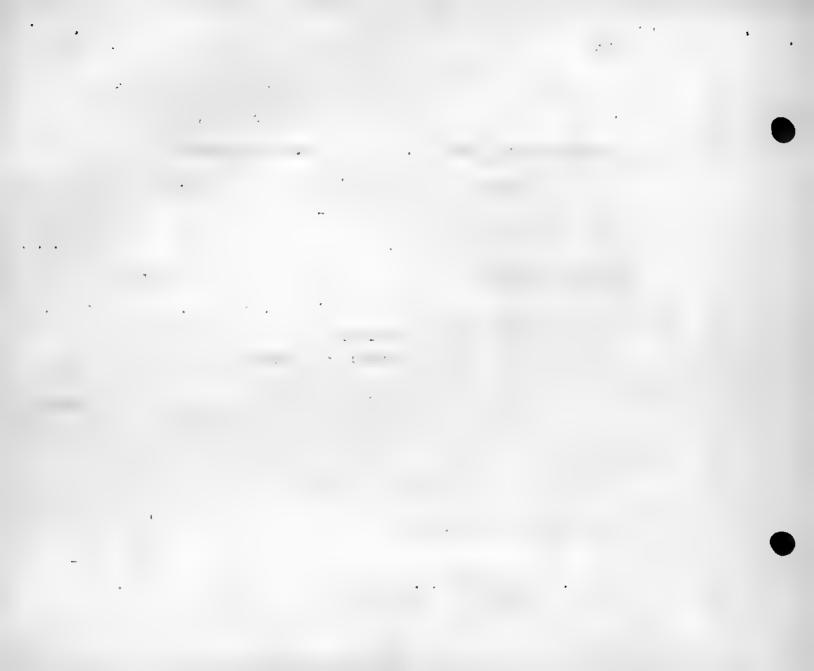
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00610 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) COUNTY 2, and 3 to PM3. Page o. STATE b COUNTY CECIL MARYLAND Maryland CLENGTH OF STAY IN 16 pages I and 2 with the State Department b CITY OR TOWN (1 autside carporate imits, c CITY OR TOWN (If autside corparate limits, write RJRAL and give nearest town) write RURAL and give nearest tawn) 1 mo. 23 days Port Deposit Port Deposit Home Corp. Apts. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Amer's Office along with farm ON A FARM? NO IX in Item 18. Give Pages 15 S. Main Street Apt. #3, 15 S. Main Street YES This certificate should be executed within 24 hours ofter death 3 NAME OF First 4 DATE WMMERS RUSGROVE Year DECEASED RENSCROVE Jr EVERETT WATTACE DEATH January 20, 19 67 (Type or pnnt) IF UNDER 1 YEAR | 1F UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Hours hours ofter deoth 11-29-66 Male. White WIDOWED DIVORCED 100 USUAL OCCLPATION (G ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working afe, even if retired) None Delaware 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Everett W. Rusgrove Sr. Nancy Balog IZ INFORMANT W. Rusgrove Sr. n any event within 72 IS. WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO Add 15 S. Main St. (Yes, ngj or unknown) (If yes give wor or dotes of serv m) word "pending" word the Chief Medical None Port Deposit 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Interstitial pneumonitis (SDII) IMMED ATE CAUSE (o) \_\_\_ writing the word DUE TO Conditions, if ony, which gove the certificate, writing the 4 should be forwarded to rise to immediate couse (o), DUF TO stoting the underlying couse SD crematian, ar remova, PART I OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS PERFORMED? 8 YES X NO CERT FICAT 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW HUURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 1B.) should PRIMARY CONTRIBUTING CO CAUSE OF DEATH files. MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) 20c. TIME OF INJURY Month, Goy, Year Hour o.m. factory, street, office bldg., etc.) of work of work 21. I certify that I taok charge of the remains described above, held an Autopsy XI. nspection Inquiry . and in my opinion FUNERAL DIRECTOR: death resulted fram: Natural causes X. funeral director. Accident [ Sukcide Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER [24] SIGNATURE OEPUTY MEDICAL EXAMUNER **EXAMINER'S** Health Charles S. Springate, M.D. Address (Street, city town, or county) January 20, 1967 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (County) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (State) 1/22/67 North St. Mary Anne's Cecil Md. 24 FUNERAL DIRECTOR Grant Funeral worth East, Md. VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



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4	유 - 등	€	I. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived, if institut	an Residence before	admission) .
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	that in. by t	Te.	2.	EATH WAS CAUSED BY. IMMEDIATE CAUSE						
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	OR ATTENDING PHYSICIAN: The law requires that the death certifical be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician a should be detached for use os the burial-tronsit permit. Then ple	Stote Dept. of Heolth priar to	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)	19 V	WAS AUTOPSY PERFORMED?
	or a property of the house	등 /	20g ACCIDENT OR CONTRIBUT						YES	NO 🗌
	tal fica for	f He	20g ACCIDENT	WAS UNDERLYING □ ING □ CAUSE OF DEATH	205. DI	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I ar Port II of item 18.)		
	YSI lospi cert cert	ot. o		IFY MEDICAL EXAMINER)	1 204 1	NJURY OCCURRED 20e. F	LACE OF INJURY (Home fo	rm. 20f. (City or town)	(County)	(State)
	he he this	00	20c. TIME OF Hour	NJURY Manth, Doy, Year o.m.	MARKETA	Not While	actory, street, office bldg., et		(,	<b>()</b>
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the	should be filed with the	230. BURIAL CREM			23c NAME OF CEMETERY S		23d. LOEATION (City or T		(State)
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	•	W.	24 FUNERAL DIRE	CTOR	7 -	ADDRESS			PRINTARIS SIGNATURE	
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ν p <sub>e</sub>	olete cark ent,	-	(Type or print)	WIL:		<u>F</u> '.		LATTERY	DEATH January		19 67
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Hico	September 1	3	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME		
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ath	a attending phy permit. Then tian, or removal	()	.     WAS DECEASED EVE es <sub>a</sub> no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of se WW I	ervice) 16. Si	DCIAL SECURITY NO.		VFORMANT	Addre		25.0
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th th	signed by the attending phy burial-transit permit. Then burial, crematian, or remova		PART I. DEA	EATH (Enter only one couse) TH WAS CAUSED BY.  JAMMEDIATE CAUSE (a).	D		onia,	bilateral		7-01	TERVAL BETWEEN  SEL AND DEATH  CAYS
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SICIAN		MEDICAL CERTIFICATION	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY O	CCURRED. (I	Enter nature of injury in	Port 1 or Port II of item 18.)		
IG PHY	er this certi detached ate Dept. af	MEDICA	20c. TIME OF INJ Hour o.i	10	20d INJ White at work	URY OCCURRED  Not While at work		E OF INJURY (Hame, farm iry, street, office bldg., etc.)		(Caunty)	(State)
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Jine Jine	shauld ith the			HOUSEL PHYS. RICKER	XXXXX	xxxxxxxx	ond thot	death accurred at	4:00 M, fram causes	and an the da	te stated abave
OR Al	<b>18.6</b> 0 4.83 4.13 1.03 1.03 1.03 1.03 1.03 1.03 1.03 1		22a SIGNATURE	Directal	~		M.D	ATTENDING D	MED STAFF DIRECTOR PHYS	22b DATE SIG 1-3-	
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OSP 9 4		23	BURIAL, CREMATIC	ON, 23b. DATE THEREO		23c NAME OF CEM	IETERY OR C		23d. LOCATION (City or Tov		
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		~ 1	4. FUNERAL DIRECTO	R Menly Ton	en	ADDRESS		2So. REC'L	BY REGISTRAR2Sb REG	SISTRAR S SIGNATU	
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MARYLAND STATE DEPARTMENT OF HEALTH

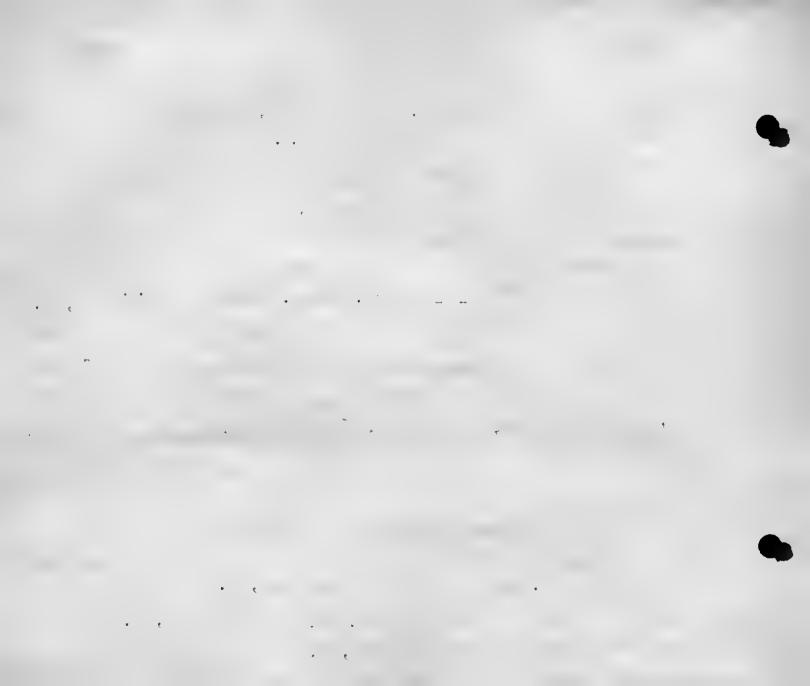


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00611 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral pove carbon papers. Pages 1 and y elevent, within 72 hours after deat PLACE OF DEATH o COUNTY Cecil o. STATE b. COUNTY Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Havre de Grace days Perry Point d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Veterans Administration Hospital 321 Strawberry Lane NO X NAME OF First Middle 4 DATE Month Doy Year DECEASED STOKES 67 ERNEST W. January 19 (Type or pnnt) DEATH lease remove car and in only effect, SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 DATE OF BIRTH 2 ast birthdoy) Months Dovs Hours 3-4-95 Negro Male WIDOWED XX DIVORCED and ( II BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT physician a during most of working te, even if retired) COUNTRY A INDUSTRY Rollingsville, Md. Laborer & nuck Alrewer 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the ottending physiburial-tronsit permit. Then pl burial, cremation, ar removal, (D) Bertha (?) Augustus Stokes (D) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 221-09-8447 VA Hospital Records, Perry Point, Md. Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY:

Broncho-Pri INTERVAL BETWEEN ONSET AND DEATH Broncho-Pneumonia, Bilateral IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Arteriosclerotic Heart Disease rise to immediate couse (a), DHE TO stoting the underlying couse the has been Arteriosclerosis, Generalized Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? Cerebral Arteriosclerosis YES 3C NO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While of work of work TO HOSPITAL OR ATTENDING Page 4 moy be retained by the 21. I certify that (1) (this haspital) attended the deceased from Jan. 18 1967 to Jan. 25 1967 mbm it known to st director, page 3 should should be filed with the 22b. DATE SIGNED 22o. SIGNATURE Janua DIRECTOR 22d. ADDRESS NAME (Type Joaquin R. Garcia, M.D. VA Hospital, Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1-26-1967 Baltimore national len alternore, 2Sb. REGISTRAR S SIGNATURE FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 1967 Mortuary, Havre de Grace, Md. 20 M 1/66



W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY **b.** COUNTY Cecil MARYLAND b. CITY OR TOWN (f outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Elkton Rural, Rising Sun d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS Union Hospital R.D. 1 3. NAME OF Middle DATE Month DECEASED OF (Type or print) AXEL IVAR STROMFORS DEATH January 19 67 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months: WIDOWED [ DIVORCED March 23, 1902 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Building Finland USA Carpenter
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sal Stromfors Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO 17. INFORMANT Address R.D. (Yes, no, or unkown) (If yes give we ror detes of service, Mrs. Hilja E. Stromfors Rising Sun, Md. 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED. ATE CAUSE (e) DUE TO gave rise to immediate cause (e), steting the underlying PERFORMED? NO V OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. saw the deceased alive on 226 SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) North East, Md. Luis M. Cuza 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1/8/67 North East, Md. North East Meth. Cem. 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE East. Md. DATE TAN (



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00613 CERTIFICATE OF DEATH 00616 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral I. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Ceck/ MARYLAND b CITY OR TOWN (If outside corporate 1 mils c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) ve carbon papers. event, within 72 h d STREET ADDRESS IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO. NAME OF Middle 4 DATE Last Month Day Year First DECEASED OF DEATH (Type or print) ENICE UNDE 6. COLOR OR RACE DATE OF BIRTH AGF (In years UNDER 24 HRS 7 MARRIED NEVEK MARRIED remove lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done Ob. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most at working ife, even if retired) INDUSTRY House Wife 13. FATHER'S NAME g phy 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) George. crematian, 1B CAUSE OF DEATH (Enter only one couse per line far (o) (b), and (c)) INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove nse to immediate couse (a). DUE TO stating the underlying couse os the prior to t has been lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept. of Health Mellitus NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc ) Hour a.m. Not While at wark ot work 10 128 Jan 1967, that (D)(we) last 21. I certify that (1) (this haspital) attended the deceased fram 1967, and that death occurred at\_ ZA. M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** us H. Huchur director, page 3 shauld be filed v M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS O HOSPITAL 22c. PHYSICIAN'S KLAUS H. HUEBNER PTAKYLANIS NAME (Type) NORTH EAST NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230 BUR AL CREMATION REMOVAL (Specify) 25a REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00617 CERTIFICATE OF DEATH 00614 certificate be executed within 24 haurs after death by the attending physician and campletely filled in by the funeral transit permit. Then please remove carban papers. Pages I and crematian, ar removal, and in any event, within 72 haurs after defit 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) PLACE OF DEATH o STATE b. COUNTY COUNTY Cecil Maryland Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 22 days Perryville Elkton e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 612 North Street NO X VA Hospital. Perry Point. Md. YES 3. NAME OF Middle DATE Month Year Lost Doy DECEASED MICHAEL VONG 67 (Type or print) G 19 DEATH January IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED XX NEVER MARRIED last birthdoy) Months Days Hours 11-15-96 Male White WIOOWEO **OIVORCED** 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? ducing most of working life, even if retired) INDUSTRY Delïcatessen Greece 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE VONG CONTANTO (Unknown (Deceased) Deceased) WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT requires that th∎ d=th. signed by the attendive burial-transit permit. Yes, no, or unknown) (If yes give wor or dotes of service) 222-01-8096 Va Hospital records. Perry Point. Md. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) onser and DEATH PART I. DEATH WAS CAUSED BY: Rupture of dissecting aneurysm of ascending IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. aorta DUE TO Conditions, if ony, which gove nse to immediate couse (a). DUE TO storing the underlying couse as the priartal O FUNERAL DIRECTOR: After this certificate has been lost. 9 WAS AUTOPSY PERFORMED?
YES X NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use MEDICAL CERTIFICATION of Health 20p. ACCIDENT WAS UNDERLYING [3] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour a.m. Not While ot work 19 ot work ., 19 67, to Jan. 23 , 19 67, the bill developed and 21. I certify that XI) (this haspital) attended the deceased from Jan 1 3 shauld t d with the S was the description of the dote stated obave. 22b DATE SIGNED 220 SIGNATURE **ATTENDING** STAFF 1-24-67 directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S VAH, Perry Point, Md. NAME (Type) GOLDGRABEN, M.D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, Removal (Specify) Cecil Md Elkton Cemetery 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FLINGRAL DIRECTOR **ADDRESS** The du Bree VR A15 (4) leaveley DUBOSE FUNERAL HOME Elkton, Maryland 20 M 1/66

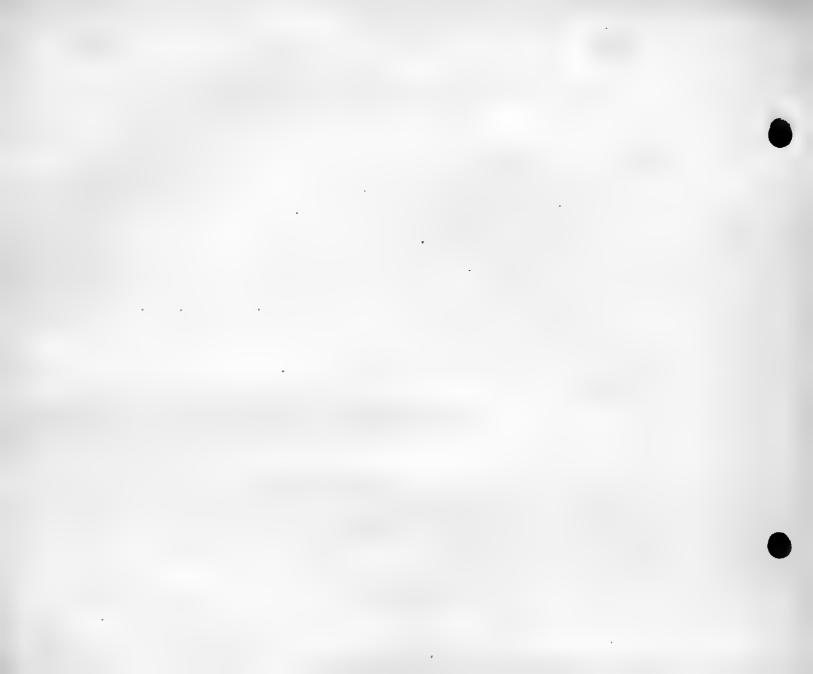
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00615 00618 CERTIFICATE OF DEATH and 2 death. 2. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission and campletely filled in by the funeral remave carbon papers. Pages 1 and in any event, within 72 haurs after deat requires that the death certificate te executed within 24 haurs after death PLACE OF DEATH o. STAMMaryland p. COUNTY ... **b.** COUNTY Cecil MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b GTY OR TOWN (If outside carporate imits, LENGTH OF STAY IN 16 write RURAL and give nearest favo) 16 **Irs-**2 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1S RESIDENCE ON A FARM? 506 S Montford Ave., VA Hospital YES NO 🔼 3 NAME OF First Middle Lost DATE Month Doy Year DECEASED January 8. 67 WATROBA Joseph A. (Type or pant) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 40 birthdoy) Months Days Hours Male White 12 28 26 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)

Laborer COUNTRY? **INDUSTRY** andi please the attending physican sit permit. Then please Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, Mary J. Posko Joseph J. Watroba 17 INFORMANT Records 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO signed by the attending burial-transit permit. I burial, crematian, ar re-(Yes, no, or unknown) (If yes give war or dotes of service) 219-10-99-80 VA Hospital - Perry Point, Maryland INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (died in sleep) IMMEDIATE CAUSE (o). DUE TO Pulmonary Embolism (?) Conditions, if only, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO X ξ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) detached (City or town) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work ot work 19 3246814242485 21. I certify that (A) (this haspital) attended the deceased fram\_ provide record with the provided and the 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR directar, page 3 shauld be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) REYNODDS. M.D. VA Hospital - Perry Point, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o.\_BURIAL\_CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) St. Stanislaus Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Colored ADDRESS. 1808 VR A15 (4) Baltimore, Md. Eastern Avenue 20 M 1/66 Charles Sadowski

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00619 CERTIFICATE OF DEATH death. death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY hours after by the f Pages 1 after/ Cecil Caril arylan d MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) within 72 hours days 5 Letton Elkton Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? rnital YES A NO. completely i within 3. NAME OF DECEASED First Middle 4. DATE Month Year event, (Type or print) Whitelock's Marie DEATH Januarr 19 37 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. етоле 7. MARRIED NEVER MARRIED in any Temale DIVORCEDITION WIDOWED J 51 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT è and i COUNTRY? New York U.S.A. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending ( Frederick C. "hitelock Annie Bernard 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yas, no, or unknown) [(If yes give war or dates of service)] ed by the attend transit permit. cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT Address death John Davis, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN After this certificate has been signed by the detached for use as the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carebral artery IMMEDIATE CAUSE (a) Many DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part (I of Item 18.) 20a. ACCIDENT WAS UNDERLYING ached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 208. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bidg., etc.) be de State Hour a.m. Not While be retained by at work at work n.m. TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A 21. I certify that (I) (this hospital) attended the deceased from 1 = 12 , 1967, to 1 = 12 , that (I) (we) last 1967, and that death occurred at 25 M. from the causes and on the date stated above. saw the deceased alive on\_ 22a. OIGNATURE 22b. DATE SIGNED director, page 3 should be filed v ATTENDING PHYS. MED. STAFF PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23a. 23b DATE THEREOF 23d. LOCATION (City, town or county) Grace. Antel TT 9 7 7 Cemetery 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Charles VR A15 (4) unerals. Elkton. 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00620 CERTIFICATE OF DEATH 00617 requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where dereosed lived, if institution. Residence before admission) PLACE OF DEATH o COUNTYCecil o STATE Maryland b. COUNTY the attending physician and completely filled in by the fur sit permit. Then please remove carban papers. Pages 1 nation, or remaval, and reconvent, within 72 haurs after MARYLAND c LENGTH OF STAY IN In c CITY OR TOWN (If autside corporate firmits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) Port Deno it vrs. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (14 not in hospital, give street address) d. STREET ADDRESS win street I. Lain NO 57 NAME OF Middle 4. DATE Year DECEASED (Type or print) Ada Wintermover 1967 DEATH January DATE OF BIRTH AGE (In years IF JNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months Hours WIDOWED Temule Cau. 10o USUA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working ite, even if refired) **COUNTRY?** IND. STRY West Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lukwown Vance Unittington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Md. (Yes, no, or unknown) (If yes give wor or dates of service) Robert L. "intermoyer, Jr. . Port nknown INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per lipe-for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO signed ! Conditions, if any, which gave nse to immediate couse (a), DUE TO stoting the underlying couse use as the Later to be dith priar to be O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? be detached far use State Dept. af Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased fram Jan 3 , 1943, to 1-4 , 1957, that (I) (we) last saw the deceased alive an 1967, and that death accurred at 1100 M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S lichwoods, Port peposit. NAME (Type) Jr. D. 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BUR AL CREMATION. (County) Shepherustown, W. REMOVAL (Specify) Elmwood Conetery 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00619 CERTIFICATE OF DEATH 00621 The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral ave carban papers. Pages I and event, within 72 hours after deat 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Cecil b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO X 3. NAME OF Lost 4. DATE Month Year Doy DECEASED OF DEATH Woodie 167 Jan (Type or print) IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Doys Hours WIDOWED DIVORCED white male 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? physician nen please oval, ano INDUSTRY FARM PUZ LEAR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, MMIE WOODIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, po, or unknown) (If yes give wor or dotes of service WOODIF LINNIE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gram-negative pneumonia IMMEDIATE CAUSE (a) 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse has been as the State Dept, of Health prior ta (d) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate Arteriosclerotic heart disease with poss infarction 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work L of work pe 2]. I certify that (I) (this hospital) attended the deceased frame 1 Jan 19.67. to 23 \_\_\_, 19<u>67,</u> that (I) (we) lost Jan sow the deceased olive on 27 Tana 19 67, and that death occurred at 7:00M, Asam causes and an the date stated above. director, page 3 shauld shauld be filed with the 22b. DATE SIGNED 220. SIGNATURE Jan 67 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Wallace Obenshain Cecilton Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a BURIAL, CREMATION, REMOVANTS SECTIVE DATE THEREOF (County) BOILING SPRINGS 25b. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR VR A15 [4] DATE JAN 20 M 1/66

12300 FO TIES - V F at -1 - V V - L J APAYADA LIBOU LA PARTE DA ADBREV DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA 1881.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2b Film #G38 CERTIFICATE OF DEATH 00622 low requires that the deoth certificate be executed within 24 hours after death ond, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funero a. COUNTY o. STATE Maryland b. COUNTY Cecil Kent MARYLAND Tease remave carbon papers. Pages I ond in any event, within 72 hours ofter b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wks. kton Millington, Maryland filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Cecil County Union Hospital Of NO F YES 3. NAME OF Middle Year 1967 First 4. DATE Month ond completely DECEASED William Wright Frederick (Type or print) DEATH UNDER 24 HRS. S. SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last pirthday) Manths Davs Hours 3/22/82 Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired)
General Lab INDUSTRY Essex County Va. Labor 14. MOTHER'S MAIDEN NAME Martha Jardin 13. FATHER'S NAME burial, cremation, or removal, William Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates at service) Same Leonard Wright IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Acute Cardiac Failure IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO 2-Y ears Myocarditis Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to Years Gastro-enteritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) factory, street, office bldg., etc.) . 1907, that (I) (we) last 21. I certify that (1) (this tospical) attended the deceased fram\_ 19.67 .. to\_ 19.67, and that death accurred at 2: 5M, fram causes and an the date stated above. saw the deceased alive an 1/28/ 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS. MED.
DIRECTOR 1/28/67 PHYS 22d\_ADDRESS 245 Ha 22c PHYSICIAN'S High St., Elkton, Cecil. Md NAME (Type) James East Johnson M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION Jan. Philadel Penna. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4)

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